

A FRAMEWORK TO FACILITATE THE APPOINTMENT OF WOMEN NURSES OF COLOUR TO LEADERSHIP POSITIONS IN HOSPITALS

By

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DECLARATION

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ABSTRACT

Background: Notwithstanding a 79% African majority and the implementation of the Employment Equity Act (EEA) in 1998, the employment equity reports of the Department of Health in the Western Cape and private health sector nationally in South Africa show under-representation of African and Coloured nurses in leadership positions. International and national literature indicate that the appointment of women to leadership positions tends to be influenced by issues related to race, class and gender.

The purpose of the study was to develop a framework to facilitate the appointment of women nurses of colour to leadership positions in hospitals.

The objectives were to:

- Explore the influence of the EEA on the appointment of nurses in leadership positions
- Explore the opinions of nurses regarding the influence of race, class and gender on the appointment of nurses in leadership positions
- Explore the practices imbedded in the selection processes of nurses in leadership positions as experienced by those involved in the selection processes
- Develop a race, class and gender sensitive framework to support nurses in their preparation for leadership positions

Design: A concurrent mixed methods design was employed using a quantitative cross-sectional descriptive survey and qualitatively, interpretive phenomenology. The study was based on the philosophy of pragmatism.

Population and setting: The study was conducted in the public and private health care sectors in the Western Cape and Gauteng provinces.

Quantitative research: The survey was completed by n=573 professional nurses (return rate =83%). The researcher used a structured questionnaire with Likert scale and open-ended questions. Data was analysed with SPSS statistical software, version 24, and the assistance of a statistician.

Inferences of the Likert scale questions showed that racial, gender and hierarchical relationships in the workplace had improved since the implementation of the EEA. However, inferences from the open-ended responses revealed the opposite. The findings demonstrated distrust in the promotion systems applied by the public and private health sector.

Qualitative research: Interviews were conducted with 5 nurse leaders and another 40 interviews were conducted with people who had participated in the selection processes of nurses appointed to leadership positions: successful and unsuccessful candidates, human resource staff and the chairperson of selection committees e.g. nursing service managers. The researcher observed distinct efforts to accommodate the EEA during formal promotion processes. However, interview questions were sometimes revealed before the time and nepotism did occur. Other findings include stereotyping of the abilities of women of colour resulting in overt and covert racial discrimination. There were also distinct efforts to promote those similar to those who made the appointments e.g. males appointing other males. The influence of class on promotion varied from factors such as professional dress code and sound conduct to being able to converse in eloquent English and physical attractiveness. Findings confirmed the intersecting influence of race, class and gender to marginalize women of colour.

Lastly, the framework was developed from the meta-inferences (the integrated inferences from the quantitative and qualitative findings) and focuses on improving the credibility of the promotion process, diversity training, succession-planning and the creation of healthy managerial structures.

OPSOMMING

Agtergrond: Nieteenstaande 'n 79% Swart Afrikaner meerderheid en die implementering van die Wet op Diensbillikheid van 1998, die diensbillikheidsverslae van die Departement van Gesondheid in die Weskaap en dié van die private gesondheidsorg-sektor nasionaal in Suid-Afrika toon swak verteenwoordiging van Swart Afrikaner en Kleurling verpleegkundiges in leierskapposisies. Internasionale- en nasionale literatuur toon dat die aanstelling van vroue in leierskap-posisies neig deur aspekte wat verband hou met ras, geslag en klas, beïnvloed te word.

Die doel van die studie was om 'n raamwerk te ontwikkel om die aanstelling van vroue van kleur in leierskapposisies in hospitale te fasiliteer. Die doelwitte was om die:

- Invloed wat die Wet op Diensbillikheid het op die aanstelling van verpleegkundiges in leierskapposisies, te verken
- Die sieninge van verpleegkundiges oor die invloed van ras, geslag en klas op die aanstelling van verpleegkundiges in leierskapposisies te verken
- Die praktyke eie aan die selekteringsprosesse van verpleegkundiges in leierskapposisies, soos ervaar deur diegene betrokke in die selekteringsproses, te verken
- 'n Ras-, geslag- en klas-sensitiewe raamwerk te ontwikkel om verpleegkundiges in hul voorbereiding vir leierskapposisies te ondersteun

Ontwerp: 'n Samehangende gemengde ontwerp was aangewend deur van 'n kwantitatiewe deursnit beskrywende opname en kwalitatiewe interpreterende fenomenologie benaderings gebruik te maak. Die studie was op die filosofie van pragmatisme gebaseer.

Populasie en studie-omgewing: Die studie was in die openbare en private gesondheidsorg-sektore van die Weskaap en Gauteng provinsies uitgevoer.

Kwantitatiewe navorsing: Die deursnit beskrywende opname was deur $n=573$ professionele verpleegsters voltooi (terugkoers =83%). Die navorser het 'n gestruktureerde vraelys wat Likert- en oop-vrae bevat het, gebruik. Data was met SPSS statistiese sagteware, weergawe 24, en die bystand van 'n statistikus geanaliseer.

Die afleidings van die Likert-skaal vrae het getoon dat rasse-, geslag- en hiërargiese verhoudings in die werksplek sedert die implementering van die Wet op Diensbillikheid verbeter het. Die afleidings van die antwoorde op die oop vrae het egter die teenoorgestelde

getoon. Die bevindinge het wantroue in die bevorderingsprosesse toegepas deur die openbare en private sektors getoon.

Kwalitatiewe navorsing: Onderhoude was met 5 verpleegleiers en ook 40 persone wat deelgeneem het in die selektering proses van verpleegsters in leierskapposisies soos die suksesvolle en onsuksesvolle kandidate, menslike hulpbronnepersoneel, en die voorsitter van selektering komitees, bv. verpleegbestuurders, gevoer.

Die navorser het besondere pogings om die Wet op Diensbillikheid tydens formele bevorderingsprosesse te akkommodeer, waargeneem. Nieteenstaande was onderhoudsvrae soms voor die tyd uitgelek en nepotisme het plaasgevind. Ander bevindings behels stereotipering van die vermoëns van vroue van kleur wat tot openlike en subtiële rasse diskriminasie gelei het. Daar was ook besondere pogings om diegene eenders tot hulle wat die aanstellings maak, te bevorder bv. mans bevorder ander mans. Die invloed van klas op bevordering het van 'n professionele kleredragkode en goeie gedrag tot gespreksvoering in elegante Engels en fisiese aantreklikheid gevarieer. Die bevindinge het die oorvleuelende invloed van ras, klas en geslag om vroue van kleur te onderdruk, bevestig. Laastens, die raamwerk was uit die meta-afleidings (die geïntegreerde afleidings van die kwantitatiewe en kwalitatiewe bevindinge) ontwikkel en fokus op die verbetering van die kredietwaardigheid van die aanstellingsproses, diversiteitsopleiding, loopbaanbeplanning en die skepping van gesonde bestuurstrukture.

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CHAPTER 1

FOUNDATION OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The study focused on issues that tend to influence the appointment of women nurses of colour in managerial positions in hospitals in both the public and private sector in the Republic of South Africa (RSA). South Africa has an African majority consisting of 79% of the population. The minority groups, Whites and Coloureds, each constitute 8.9%, and Indians 2.5% of the population (Statistics South Africa, 2012:17). To redress the labour market inequities created by the apartheid laws and to minimise discrimination on the basis of race, gender, disability and HIV status, the government introduced the Employment Equity Act (EEA), Act 55 of 1998. According to the EEA, employers have to develop employment-equity plans to attain an equitable account of all designated groups in the workplace. These plans should promote employment opportunities for designated groups that were previously disadvantaged, that is, women, Black people (Africans, Coloureds and Indians) and the disabled (Steyn, 2010:52; Burger & Jephta, 2006:8).

The 2012 employment equity report of the Department of Labour in South Africa (Republic of South Africa, 2012:15) indicates that Africans are well presented in managerial positions in the public sector. Yet the report shows under-representation of African and Coloured women in middle and senior managerial positions in the private sector. The 2013-2014 equity report of the Department of Labour (Republic of South Africa, 2014:26) again indicates the higher presentation of White (11%) and Indian (1.8%) females against African (3.8%) and Coloured (1.5%) females in top managerial positions in the private sector. It is evident from the data that there has been progress in terms of the appointment of White and Indian women in managerial positions but not with African and Coloured women.

On the other hand, the 2012 equity reports of the Department of Labour regarding the private health sector specifically (Republic of South Africa, 2012) show under-representation of African and Coloured women in managerial positions, with mainly White people occupying nurse leadership positions. The report illustrates that 6 Africans, 7 Coloureds, 11 Indians and 89 Whites occupied senior managerial positions in the private health sector (Republic of South Africa, 2012) at the time. The 2015 equity report of the private health care indicates that 10 Africans, 9 Coloureds, 23 Indians and 112 Whites occupy senior managerial positions in the private health sector (Republic of South Africa, 2015). The 2015 report indicates a slight improvement in the numbers of African and Coloureds in managerial positions. The appointments of Indians had more than doubled and the White group had risen with 23 people

in managerial positions. Literature (Grant, 2007) reports a reluctance among some private companies to adhere to equity laws thus limiting the creation of a diverse workforce. Barriers to a diverse workforce that are cited include a lack of managerial commitment and moral conviction towards the creation of a diverse workforce (Selby & Sutherland, 2006:56; Jongens, 2006:34). Furthermore, it was found that if management is predominantly White the reluctance to achieve equity stems from fear of losing their own jobs (Jongens, 2006:34). Based on these preliminary findings and research assumptions, this study focused on issues that could influence the appointment of women of colour, who are African and Coloured women, in nurse leadership positions in hospitals.

Qualifications and Advancement: Advancement to middle management (deputy nurse manager) in the public sector hospitals can only be achieved should the applicant have a minimum of 9 years' experience in nursing of which 4 years should be experience at a managerial level. Advancement to senior management (the head of nursing at a hospital) can only be achieved should the applicant have an additional postgraduate qualification (diploma) in nursing management (Republic of South Africa, 2007:8-23). In the private health sector, the postgraduate diploma in nursing management is an advantage but not a requirement for advancement to middle management (deputy nurse manager) and senior manager positions (nursing service manager). However, extensive experience in nursing management - preferably in the private health sector - is valued (Dorse, 2015; Coustas, 2015).

The statistical data of The South African Nursing Council (SANC, the legislative body representing South African nurses) on how many nurses are in possession of postgraduate qualifications in nursing management does not show a breakdown according to race (Hattingh, 2015:np). Data from Stellenbosch University (Eygelaaar, 2015:np) reflect that during the last ten years, 129 African, 492 Coloured, 27 Indian and 161 White nurses obtained postgraduate qualifications in nursing management at Stellenbosch University. Statistical data for the period 2004 – 2013, from the University of the Free State show that 177 African, 26 Coloured and 22 White nurses have completed the postgraduate nursing management diploma (Botha, 2015:np). The University of the Witwatersrand and the University of South Africa did not respond to the researcher's requests for statistical data in this regard. Ultimately it has been established that the minimum qualifications weighted against years of experience required for advancement in both the public and private sectors indicate that experience instead of qualifications might be the deciding factor for advancement.

The public health sector: The 2011 census data showed that the population of the Western Cape Province consisted of 32.9% Africans, 48.8% Coloureds, 1% Indians and 15.7% Whites

(Statistics South Africa, 2012:17). The equity report of the Department of Health - Western Cape (Republic of South Africa, 2012:3) indicated that 8 Africans, 21 Coloureds, 1 Indian and 19 Whites held senior management positions in the public health sector in the province at the time. Furthermore, the 2015 equity report of the Department of Health - Western Cape (2015) confirms that equity in the provincial Department of Health had not improved as 4 Africans, 23 Coloureds, 4 Indians and 23 Whites held senior management positions in the public health sector in the province. Besides illustrating that there was continued under-representation of Africans in managerial positions in the public health sector in the Western Cape, the statistics indicate a decline instead of improvement. The statistical data shows a distinct difference between Coloured (48.8%) and White (15.7%) population totals in the Western Cape, however it also reflects that we have an equal number of Coloured and Whites (23 people of each group) in senior managerial positions in the public health sector. The wide difference in population totals between the 2 groups compared to equal number of representation in managerial positions in the Western Cape public health sector signifies the persistence of inequality.

Except for the Western Cape that has an African population of 32.9% and the Northern Province that has a population of 50.4% African, the total population of Africans exceeds 75% in each of the other provinces of the RSA (Statistics South Africa, 2012:17). African people are well presented in managerial positions in the public health sector in all the other provinces, except the Western Cape (Republic of South Africa, 2014). The high presentation of African people in managerial positions in the public health sector could be ascribed to the fact that the public health sector is state owned. Subsequently managerial structures are seen to be loyal and adhere to the lawful policies contained in The Constitution of the RSA. The Constitution of the RSA (1996:ss 197(1)) states that the public service should adhere to the laws of the government; for the context of this study, equity laws that serve to create a diverse workforce.

The private health sector: A comparison of the 2012 and 2015 national statistical data of the private healthcare companies in terms of those who occupy managerial positions, according to race (totals were provided earlier under the section/heading 'Introduction and background'), demonstrates that transformation is slow. Although the number of African and Coloured managers improved slightly, the totals in terms of the other race groups have increased more than those of the Africans and Coloureds together. The high totals of Whites in managerial positions irrespective of the availability of qualified women of colour indicate the possibility of institutional racism. Statistical data that depict the distribution of managerial positions according to race in the private health sector in relation to the various provinces of the RSA could not be obtained.

Social construction of racism: Social construction entails societal groupings whereby certain groups are privileged over others (Flores, 2014; Alfred & Chlup, 2010:337). The overriding culture within a society defines the categories within race as opposites, such as White and Black to create social rankings (hierarchies) or what race is viewed as superior and what is inferior. Racism therefore relates to the domination or exercise of power by an individual and institutions over another racial group (Flores, 2014; Alfred & Chlup, 2010:337; Guess, 2006:651). Therefore, in the workplace, domination could stem from the hegemonic race group.

The over-representation of one group in power is often ascribed to institutional racism that impacts upon recruitment, selection and promotional processes while enhancing the positions of the dominant group (Ndlinda & Okeke-Uzodike, 2012:128; Ratele & Duncan, 2003:50). The current situation of senior managerial positions according to race in the public health sector of the Western Cape and the private health care sector nationally (Republic of South Africa, 2012) indicates the possible presence of institutional racism. In other words, the selection, employment and promotional processes at these institutions enhance the over-representation of White staff members to positions of power. De la Rey and Duncan (2003:50) relate that indirect discrimination is often practised where there is an aversion to discriminate in favour of the marginalised racial groups. It denotes that equal management of racialized groups under systematically unequal conditions is not really possible (De la Rey & Duncan, 2003:50); considering that the board or appointing committee will not be diverse (Larson, 2006:14). Indirect discrimination is also linked to companies that practice tokenism by presenting a board member that is not White and appointed merely to create the impression that diversity is a consideration. Quite often that person has little decision-making power (Grant, 2007).

The over-representation of White staff members in positions of power raises questions whether the creation of a diverse workforce receives the much-needed managerial support and commitment as advised by Steyn (2010:53) and Selby and Sutherland (2006:47). There is an obvious need for clear institutional conditions, such as written frameworks to enhance equality in terms of the appointment of nurses to managerial positions, in addition to current legislation.

The value of a framework: Diversity and equal opportunity in the workplace are dependent on managerial commitment (Steyn, 2010:52-53; Selby & Sutherland, 2006:47). Moreover, the creation of awareness about diversity is complex since socialization around devaluing differences in some, and esteeming it in others, is presently profound and persistent (Alfred & Chlup, 2010:344; Steyn, 2010:52). Alfred and Chlup (2010:344) and Steyn (2010:51) argue

that a suitable framework could provide a structured platform consisting of directives and/or guidelines to enhance understanding and the management of diversity as related to the context of this study.

Race and class: The under-representation of women of colour in leadership positions is often ascribed to issues that relate to race and class, as White people were historically regarded as superior to other races (Fletcher, 2013:98-100; Marks 1994:3-4). During colonialism, White middle-class nurses from the United Kingdom (UK) provided training to South African nurses. Nursing in the UK was dominated by middle class nurses since only women of a higher socio-economic class were trained to become nurses. This class system was carried over to South Africa (Esterhuizen, Van Rensburg & Tjallinks, 2013:21; Marks, 1994:8-10). Issues of class in nursing in South Africa intersected with race and ethnicity with English nurses training mostly White Afrikaner nurses, mostly from rural areas and the working class. The small number of African nurses that were initially trained were from the African elite (Marks, 1994:8-10; Shultheiss, 2010:153). Added to this, the more meagre tasks such as cleaning and scrubbing were delegated to African nurses. Consequently, the class system in nursing in South Africa had a strong racial component (Esterhuizen *et al.*, 2013:21; Marks, 1994:8-10).

Other literature (Alfred & Chlup, 2010:344; Guess, 2006) confirms the superiority, class and privileges that seem to be embedded in merely being White and that being White is often regarded as automatically being middle class. A person of colour, on the other hand, is often assumed to be inferior, working class and lazy (Andersen & Hill Collins, 2007:120-123). Literature from countries such as Canada (Das Gupta, 2013:11), the UK (Kalra, Abel & Esmail, 2009:109) and the United States of America (USA) confirm that nurses from African descent (Fletcher, 2013:99) are not well represented in leadership positions and are seemingly considered mostly suitable for more inferior tasks.

Race and gender: International literature confirms that women of colour experience twofold discrimination related to gender and ethnicity (Edmondson, 2012:335; Kalra, Abel & Esmail, 2009:109). Sources from Canada (Das Gupta, 2013:11; Yap & Konrad, 2009:594-597), the USA (Kochman & Mavrelis, 2009:1) and the UK (Likupe, Baxter, Jogi & Archibong, 2014: 116-119; Kalra, Abel & Esmail, 2009:109) indicate that White people are viewed as more competent and suitable to hold managerial positions than people of other race groups, while women of colour tend to be stereotyped as being less competent. Therefore, it can be surmised that White women are more successfully appointed in leadership positions than women of colour (Larson, 2006:13). On the other hand, women, irrespective of race, are not easily considered for top managerial positions and need to be well educated and experienced to be regarded suitable for promotion (Yap & Konrad, 2009:598). Even in the nursing

profession, that is female dominated, men seem to acquire career heights easier than females since organisational structures seem to navigate towards assumed leadership qualities contained in masculinities and that the minority status of males within nursing grant them special consideration (Simpson, 2004: 349).

In addition, the successful promotion of White females could also be related to the White supremacist ideology in which nursing in South Africa was entrenched (Shapiro & Tebeau, 2014:22; Sheppard, 2008:6; Marks, 1994:3-4). Nursing as a profession has been overseen by the more dominant male profession of medical doctors. The more influential White female nurse used the system of patriarchy to her advantage and strived for acceptance by the male medical profession, ultimately ensuring that White females have more control over nursing as a discipline (Marks, 1994:3-4).

Some Western societies are marked by social systems that are patriarchal and White-centred (Yap & Konrad, 2009:593-594; Powell & Butterfield, 2002:400). Therefore, individual members of race and gender groups could also strive to enhance their own power and authority by discriminating against applicants who were not representative of their own race or gender (Powell & Butterfield, 2002:400). As a result, a White male who lead a company could strive to preserve his own power by discriminating against members of another race.

The international picture: If one reflects on the international context, the population of the United States of America (USA) consists of a White majority and Black minority (United States Census, 2010). The same applies to Canada (Index Mundi, 2013) and the United Kingdom (Office of National Statistics, 2012:1). Despite the implementation of legislation to attain a diverse workforce (Gunderson, 1994:28), women of colour are underrepresented in managerial positions in the USA (Edmondson, 2012:335), Canada (Yap & Konrad, 2009:610) and the United Kingdom (Taylor, 2007:30).

Diversity in healthcare management in the USA has improved and ethnically diverse employees in the USA represent a growing percentage of the healthcare population. Yet, irrespective of attaining postgraduate qualifications in healthcare administration, only marginal percentages hold executive positions in healthcare (Larson, 2006:13-14; Witt / Kieffer, 2011: 2). The recruitment of women of African descent is reportedly insufficient in the UK (Taylor, 2007:31), leading to low representation in senior positions. Barriers to promotion include a lack of fairness and influence at senior level, too little mentoring, exclusion from informal networks, stereotyping of their abilities and non-compliance of managers to race legislation (Kalra *et al.*, 2009:108-109).

However, compared to the international countries, South Africa has a Black majority and a White minority. Moreover, the suppression of the African majority and the supremacy of the White minority was entrenched by apartheid laws (Shapiro & Tebeau, 2014:22; Steyn, 2010:51) which supported institutionalised inequality. Subsequently, the effects of a system that supported White supremacy ideology might still be present, although more than twenty years have passed since the end of apartheid, (Steyn, 2010:51-53; Grant, 2007).

The African context: Preliminary readings indicate that there were limited studies conducted in Africa (excluding South Africa) on discrimination. One article (Administration, 2011:np) cited discrimination against the indigenous Black Zimbabweans during the colonial era where Coloured people were regarded superior to Black Zimbabweans. Other literature reveals that nurses of African descent, experience discrimination and are not favourably considered for promotion in the USA (Wesley & Dobal, 2009:122), UK (Taylor, 2007:31) and Canada (Newton, Pillay & Higgenbottom, 2012:539). A South African study (Erasmus & Brewis, 2005:56-58) revealed that African nurses encounter more barriers to promotion than their White counterparts. The findings of the study by Erasmus and Brewis (2005:56-58) also revealed an increase in requests from African respondents, more than White respondents, in relation to equal opportunity in the work place, professional support, power and status.

The Nursing Act No. 69 of 1957, of South Africa, contained clauses that promoted discrimination based on race. The act prescribed the segregation of nursing according racial lines and different registers were kept for different races – thus entrenching the supremacy of White nurses over Black nurses (Lubanga, 2008). These clauses have been removed and are no longer valid (South African Nursing Council, 2005).

Conclusion - Ndinda and Okeke-Uzodike (2012:134-135) relate that a glass ceiling may be restricting women of colour from achieving executive's ranks. A glass ceiling is described as a barrier that is subtle, yet unmistakeable and so strong that it prevents women and people of colour from being promoted (Powell & Butterfield, 2002:397-398). A glass ceiling in this context thus exists when decisions regarding promotion favour White applicants.

The history of nursing in South Africa contains elements of racism, a classism and male domination (Marks, 1994:3-4). The employment equity reports of the Department of Labour (Republic of South Africa, 2012) also reflect the long-standing influence of legitimized institutionalized racism i.e. the persistence of White hegemony in leadership positions in public and private health care sectors. Considering the history of nursing in South Africa it is concluded that African and Coloured women in South Africa has yet to be freed from

oppression that relates to race, class and gender. Moreover, the background discussion indicates that the advancement of nurses is more dependent on managerial experience than the actual postgraduate managerial qualification. The latter signifies that potential candidates of previous disadvantaged communities be given the chance to be exposed to managerial experiences to enhance/strengthen the implementation of the EEA in a nursing context. Therefore, this study explored issues that influence the appointment of African and Coloured women in nurse management positions in both public and private hospitals in the Republic of South Africa. The findings were used to develop a framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals.

1.2 THEORETICAL FRAMEWORK

The study is based on the Theory of Intersectionality and the Standpoint Theory. The Theory of Intersectionality concerns the interaction of race, class and gender in individual lives, social practices, institutional arrangements and cultural differences; and the outcomes of these interactions in terms of power. It endeavours to demonstrate how each category of inequality, which is prejudice pertaining to race, gender (domination of male over female) and class (poor women, social positioning), impacts individuals, making them more vulnerable, marginalised (isolated from power) and subordinate (Levine-Ratsky, 2011:240-242; Davis, 2008:67-69). The Theory of Intersectionality therefore seems to relate to the ideology of apartheid which was legally practiced in South Africa and comprised of distinct divisions in terms of race, class and gender (Shapiro & Tebeau, 2014:21). Since the study was guided by the theory, the concepts contained in the theory such as race, class and gender were central to the objectives of the study and procedures for data collection and analysis.

The Standpoint Theory on the other hand, is about people who experience and are exposed to oppression in daily living practices. Their social position enables them to gain knowledge of what it means to be oppressed. The oppressed are therefore better able to provide an objective report of what it means to be oppressed than those who have not been subjected to oppressive power structures in daily living. Power could stem from the dominant race as contained in managerial structures i.e. elements of patriarchy, and racial hierarchies or any other power structures that systematically marginalize and oppress the less dominant or vulnerable group (Harding, 2004: 5; Wylie, 2003:26).

The topic under study relates to the interplay between race, class and gender in terms of appointment to leadership positions in nursing. Consequently, nurses in both the public and private health sector, who had experience of the selection processes, participated in the study.

The theoretical framework (the Theory of Intersectionality and the Standpoint Theory) is illustrated in Figure 1.1. The overlapping circles (Figure 1.1) demonstrate the intersection of race, class and gender and that those who had experienced oppression are consequently able to provide a more objective description of what it means to be oppressed.

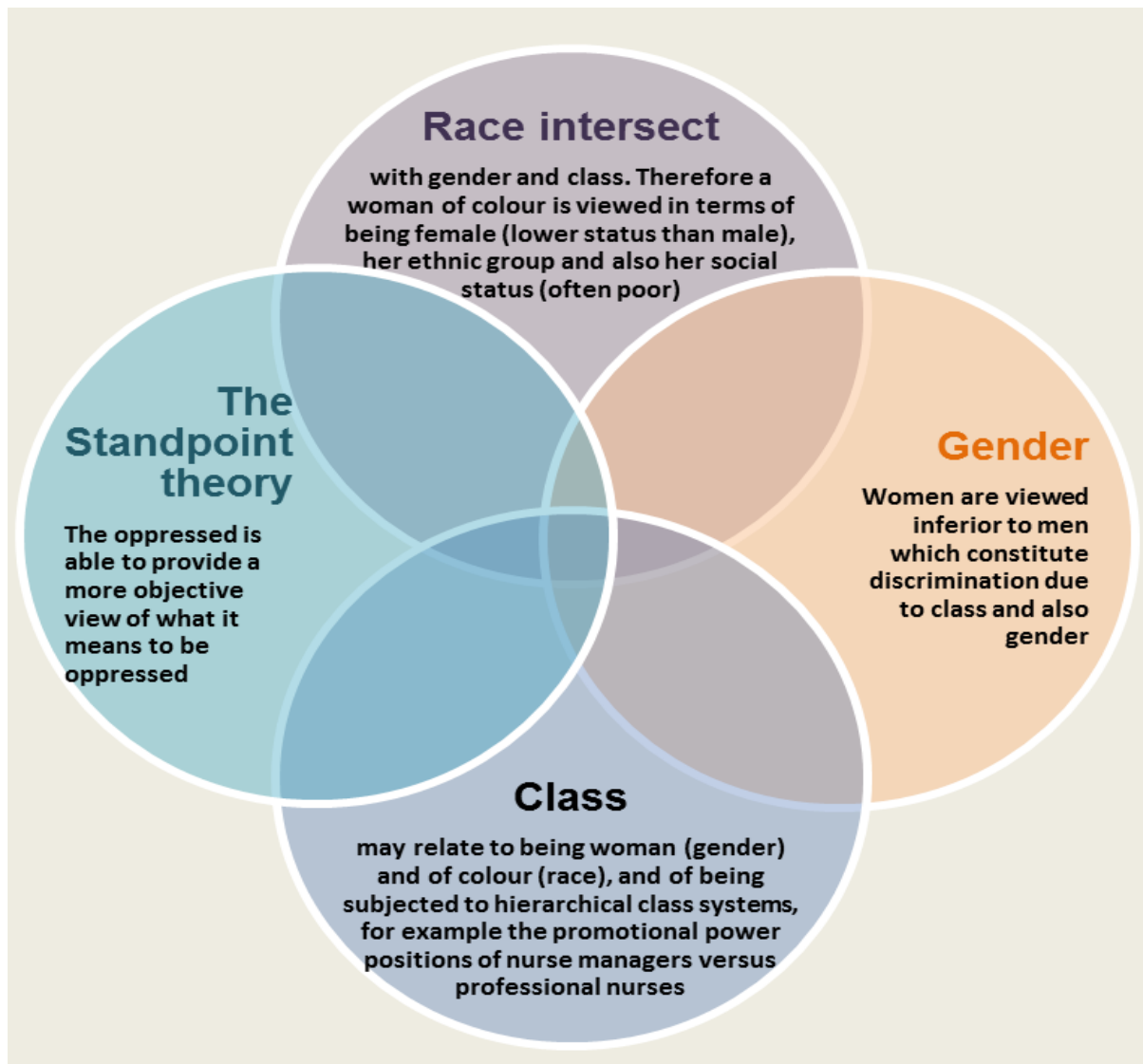


Figure 1.1 - Theoretical map illustrating the interplay of race, class and gender (Theory of Intersectionality) supported by the Standpoint Theory

1.3 DEFINITIONS OF CONCEPTS

Black people: The racial classification used by Statistics South Africa, abbreviated Stats SA, (2012:17) differs from the one adopted by the SA Department of Labour. Stats SA considers Black people as one group, whilst the Department of Labour (in the Employment Equity Act, Act 55) specifies Africans, Coloureds and Indians (Republic of South Africa, 1998:6).

Therefore, except when referring to the data of Stats SA, the classification of the Department of Labour is used in the study.

Class: The concept refers to the division of people in terms of resources and power (Acker, 2005:3). In terms of the Theory of Intersectionality class also relates to women who are poor and of a low social positioning (Levine-Ratsky, 2011:240-242; Davis, 2008:67-69).

Designated group: Relates to Black people, women and people with disabilities (Republic of South Africa, 1998:3).

Ethnicity: Relates to cultural factors, i.e. nationality, tribal affiliation, religion, language and customs of a group (Santos, Palomares, Normando & Quintão, 2010:123).

Gender: The World Health Organisation, abbreviated WHO (2011), defines gender as the socially constructed attributes of women and men. These attributes relate to norms, roles and relationships of and between groups of women and men. It differs from society to society and can be altered. In the context of the Theory of Intersectionality gender refers the systematic oppression of women by men (Levine-Ratsky, 2011:240-242). In terms of the Standpoint Theory women are often poor and therefore have a clear view of the meaning of oppression (Foucault, 2014:332).

Middle class: An upbringing that signifies economic stability (that tends to be generational) and 'superiority', as referred to by Andersen and Hill Collins (2007:119-121), together with a cultural background that is socially esteemed/valued. Should the economic stability change, the individual tends to retain the social and attitudinal values which tend to be advantageous (Andersen & Hill Collins, 2007:119-121).

Professional nurse: A qualified nurse registered by the SANC, who independently practices comprehensive nursing according to the prescribed level and who takes responsibility and accountability for such practice (South African Nursing Council, 2005:25).

Race: Relates to the systematic subordination or privileges that are assigned to a group, based on the evaluation of their biological attributes (Haslanger, 2000:44).

Sex: Physical and/or physiological differences between males and females, comprising primary sex features (the reproductive system) and secondary characteristics such as height and muscularity (Little, 2014).

Sexual orientation: Denotes an individual's emotional and sexual attraction to a particular sex, meaning male or female (Little, 2014).

The phrase, *women of colour*, for the purpose of this study relates to African and Coloured women.

Working class: An upbringing that signifies poverty (that tends to be generational), ‘inferiority’ as referred to by Andersen and Hill Collins (2007:119-121), and a cultural background that is socially less valued. This upbringing leaves the individual or group with less power and choices. Should the individual attain education and economic stability, their social and attitudinal values that relate to their cultural background, might not automatically grant them middle class status (Andersen & Hill Collins, 2007:119-121).

Managerial terminology: The thesis reflects two sets of managerial terminology. Firstly, occupational level terminology as contained in the Employment Equity Act regarding the economically active population, and secondly terminology illustrating managerial levels pertaining to the hospitals. In the thesis, when reference is made to statistics of the equity reports, the discussion concerns the occupational levels of the EEA. Discussions about promotion at the hospital relates to terminology used in the Occupational Specific Dispensation document of the public sector in South Africa

Managerial concepts according to the economically active population as contained in the equity reports of the Department of Labour in South Africa are:

- **Top management:** According to the occupational levels described by the Department of Labour in SA this category relates to functions such as controlling the integrated business, signing of a policy, determining the overall strategies and objectives of a business and providing direction for future endeavours (Republic of SA, 2014: 2)
- **Senior management:** According to the occupational levels described by the Department of Labour in SA this category relates to functions such as having to operationalise the organisational strategy and implement and manage the business plan (Republic of SA, 2014: 2).
- **Middle management:** According to the occupational levels described by the Department of Labour in SA the category refers to professionals responsible for a discipline or sub-discipline, people who provide input to an organisational business plan and who have to optimize resources to achieve the given objectives (Republic of SA, 2014: 2).
- **Junior management:** According to the occupational levels described by the Department of Labour in SA this category refers to those who are involved in the application and assessment of procedures and knowledge, prioritising and decision making, at times, applying initiative (Republic of SA, 2014: 2).

Managerial terminology as contained in Occupational Specific Dispensation document concerning the public health sector in SA

- **Senior nurse manager:** According to the Ministry of Public Service and Administration as contained in the Occupational Specific Dispensation document in SA this is the head of nursing services at a hospital (Republic of SA, 2007: 4).
- **Deputy nurse manager:** According to the Ministry of Public Service and Administration as contained in the Occupational Specific Dispensation document the position of a deputy nurse manager reflects middle management in public sector hospitals in SA. Middle management also relates to the position of an assistant nurse director (Republic of SA, 2007: 4). A deputy nurse manager in private health in SA also relates to middle management.
- **Junior nurse manager:** According to the Ministry of Public Service and Administration as contained in the Occupational Specific Dispensation document in SA the position includes that of an operational manager in public health (Republic of SA, 2007: 4) as well as positions such as unit manager and senior professional nurse, i.e. the novice nurse manager or one in training, in private health).

Concepts that were operationalised for the purpose of this study:

- **The phrase, *women of colour*,** for the purpose of this study relates to African and Coloured women.
- **Class:** for the purpose of this study relates to the divide between managers and followers, class as contained in racial hierarchies and the superior status society tends to attach to males as well as the inferior position given to females.

1.4 PROBLEM STATEMENT

Despite the implementation of the EEA in 1998, African and Coloured women (women of colour) are not well represented in leadership positions in private hospitals in South Africa (Republic of South Africa, 2012). On the other hand, women of colour are well represented in leadership positions in the public sector hospitals (Republic of South Africa, 2012). The history of nursing in South Africa (Marks, 1994:3-10) and international literature (Fletcher, 2013:99; Kalra *et al.*, 2009:108-109) reveal that aspects that relate to race, class and gender could influence the appointment of nurses to leadership positions. At the outset, when the research assumptions were made, the researcher was not aware of what aspects influenced the appointment of nurses into leadership positions in the South African context. It is against this background that the study was undertaken.

1.5 RESEARCH QUESTION

What framework should be developed to facilitate the appointment of women nurses of colour in leadership positions in hospitals?

1.6 PURPOSE

The purpose of this study is to develop a framework to facilitate the appointment of women nurses of colour in leadership positions in hospitals.

1.7 OBJECTIVES

The objectives of the study were to:

- Explore the influence of the EEA on the appointment of nurses to leadership positions
- Explore the views of nurses regarding the influence of race, class and gender in the appointment of nurses in leadership positions
- Explore the practices imbedded in the selection processes of nurses in leadership positions as experienced by those involved in the selection processes
- Develop a race, class and gender sensitive framework to support nurses in their preparation for leadership positions

1.8 METHODOLOGY

The current chapter contains a brief description of the methodology as applied the study. A detailed report is provided in Chapter 3.

The following page (see Figure 1.2) contains a graphic summary of the methodology that was followed.

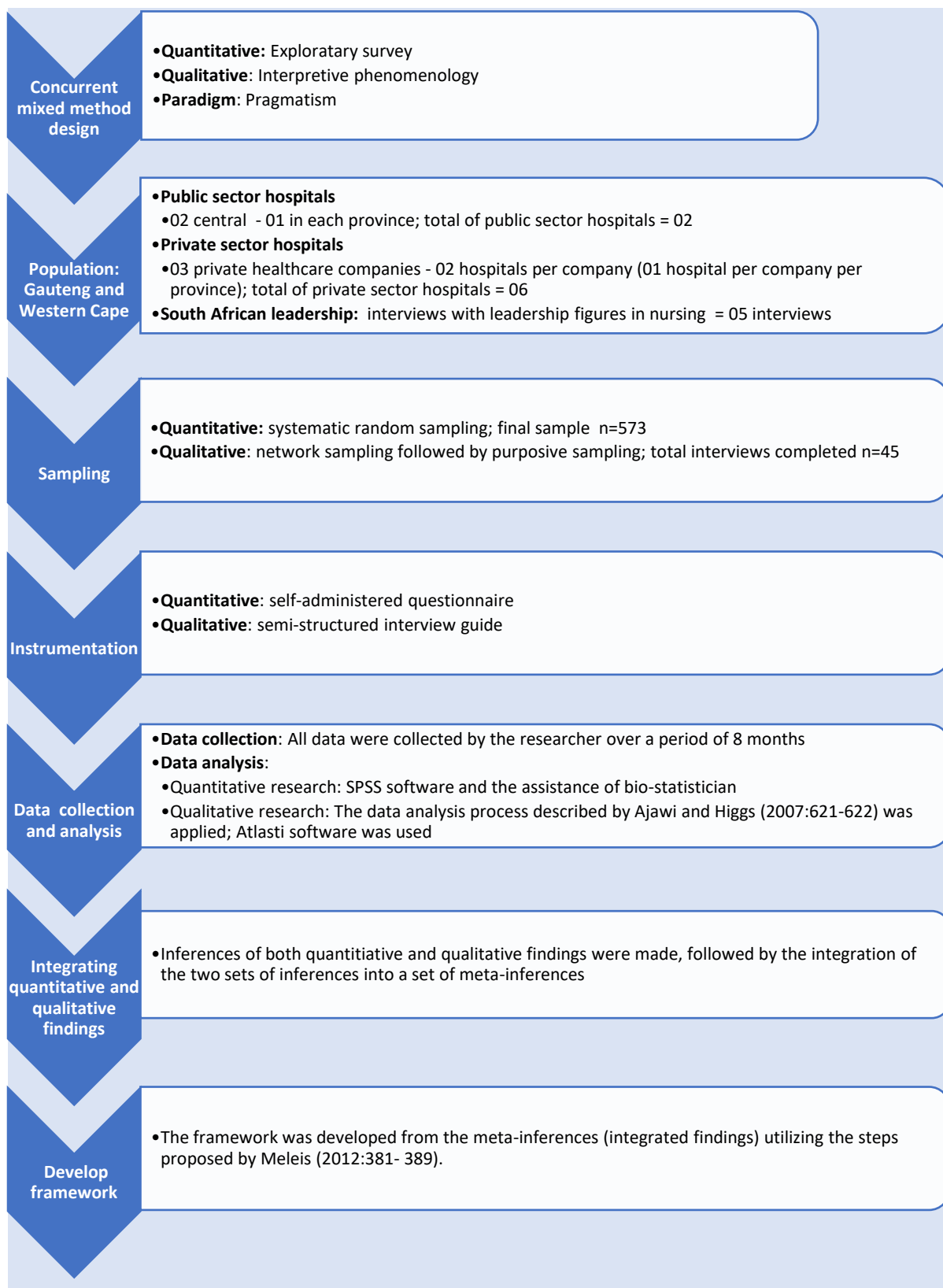


Figure 1.2 – Graphic presentation of the methodology as applied in the study

1.8.1 Design

A concurrent mixed methods design was employed comprising an explorative approach utilizing quantitative (explorative survey) and qualitative (interpretive phenomenology) methodologies.

The explorative survey pertained to the views of the respondents regarding the influence of the EEA, race, class and gender on the appointment and promotion of nurses in leadership positions. As information obtained via a survey could be superficial (Polit & Beck, 2014:348)) the underlying more complex issues were explored through an in-depth qualitative approach (LoBiondo-Wood & Haber, 2010:198-199; Watson et al., 2008:181). The issues that were explored qualitatively are the practices imbedded in the selection processes of nurses in leadership positions as experienced by those involved in such processes.

If one reflects on the survey, multiple participant realities are considered. Subsequently the quantitative aspect of the study was based on the philosophy of post-positivism that does not view research to be subjective or objective but value multiplicity of contributions or inputs (Ryan, 2006:12-18). Qualitative methodologies are based on the view that reality is internal and subjective (Terre Blanche, Durrheim & Painter, 2006:6) and that the findings are multiple and tentative (Wahyuni, 2012:69). In this study, we as researchers and participants accepted and interpreted the nature and realities of being in this world - thus finding a home in interpretive phenomenology. The decision to integrate such data in a way that more completely represents reality and that makes provision for the multiple layers and nuances of such, with the view to make a contribution to provide solutions to the reality we face, sits well within the philosophy of pragmatism.

1.8.2 Population and sampling

The study was conducted in the public and private health sector in the Western Cape and Gauteng provinces.

The two provinces were selected for participation as they host the largest private and public sector hospitals in South Africa (Medpages, 2014). The largest private and public hospitals were included on the presumption that promotional opportunities are more often and greater at these hospitals.

The public sector hospitals involved were 2 central hospitals, 1 in each province (see Figure 1.2).

South Africa has three private hospitals groups of which each group has hospitals in almost all of the nine provinces of South Africa (Medpages, 2014). The largest private hospital from

each group was selected in each province for participation in the study; thus, a total of two (2) hospitals from each private hospital group. All together six (6) private hospitals were included (see Figure 1.2).

Quantitative research - The population was made up of professional nurses (PN) employed in both the public and private sector hospitals of the Western Cape and Gauteng provinces. Systematic random sampling was employed at each hospital. The final sample consisted of n=573 professional nurses

Qualitative research - The population for the qualitative phase consisted of:

A - Current leaders (decision makers) in nursing in South Africa. The leadership group consisted of nurses who hold senior management positions in the private and public sector nationally. A total of 5 nurse leaders were interviewed.

B – Key role players, that is, people who have experience in selection, or have the potential to be selected or participate in the selection processes of nurses to leadership positions in both the public and private sector hospitals in the Western Cape and Gauteng provinces. The key role players were selected via network sampling. Upon meeting the potential candidate purposive sampling was employed, this meant that the researcher assessed whether the person was a suitable participant in terms of the objectives of the study, i.e. has experienced the selection process of nurses to leadership positions as advised by De Vos, Strydom, Fouché and Delport (2011:232).

The key role players at each of the hospitals, which is two (2) public and six (6) private hospitals consisted mainly of:

- A successful and unsuccessful candidate who had experienced the selection processes of nurses to leadership positions
- One human resource officer that had been involved in the selection processes of nurses into leadership positions
- One person who chairs committee's that appoints nurses into leadership positions.
- Another member of the selection committee

A total of 45 interviews were conducted.

1.8.3 Ethical considerations

Ethical clearance (Ethical clearance number: S15/05/122) was obtained from the Health Research Ethics Committee of Stellenbosch University. Thereafter, permission was obtained from the Western Cape Department of Health, the individual hospital managers of the public sector hospitals and the private hospital groups. Written informed consent to participate in the study was obtained from each participant. Anonymity and confidentiality were ensured hence questionnaires were nameless and the transcriptions and recordings were coded. The principle of self-determination was practiced right through selection and recruitment processes. Therefore, participation was voluntary and participants were informed that they could exit the study at any time. A detailed description of these processes is provided in chapter 3.

1.8.4 Instrumentation

Since the study is based on the Theory of Intersectionality and the Standpoint Theory (see Section 1.2 Theoretical framework) the concepts contained in these theories are reflected in the objectives of the study, the structured questionnaire and the interview guide (see Annexure A and B). The questionnaire is in English since the professional nurses who are the target population received their undergraduate training (four-year degree or diploma) in English (Ministry of Education, 2002:07).

Quantitative research: A structured questionnaire (see Annexure A), based on the objectives of the study, were used for the quantitative part. The structured questionnaire was self-developed through a process of consultation with the supervisor involved in the study and experts in industrial psychology and political science. The questionnaire was pilot tested and adjusted post the pilot test. The instrument has two sections. The first section relates to demographic information on the characteristics of the participants such as race, qualifications, gender and location. The second section consists of Likert scale and open-ended questions on the opinions of the nurses regarding the influence of the EEA, race, class and gender with regard to appointment and promotion of nurses.

Qualitative research: Instrumentation for the qualitative part consisted of individual interviews that were conducted with a semi-structured interview guide.

1.8.5 Data collection

Data collection commenced once ethical clearance and institutional approval were granted. Data collection for both methods, quantitative and qualitative, were completed by the researcher over a period of 8 months.

1.8.6 Data analysis

Quantitative data: The raw data contained in the questionnaires that the participants have completed were converted into an electronic format by capturing the data on statistical analysis software known as Statistical Programs for Social Sciences (SPSS). The data was analysed with SPSS and the assistance of a statistician.

Qualitative data: Data was analysed with the interpretive analysis framework described by Ajjawi and Higgs (2007:621-622). The framework consisted of 6 stages.

1.9 INTEGRATING THE FINDINGS THROUGH THE DEVELOPMENT OF META-INFERENCES

Inferences were deduced from both the quantitative and qualitative findings and then integrated as meta-inferences. The meta-inferences therefore provided a holistic and theoretical presentation of the phenomenon of interest (Venkatesh, Brown & Bala, 2013:40).

1.10 DEVELOPING THE FRAMEWORK

The framework was developed from the meta-inferences (integrated findings) utilizing the steps proposed by Meleis (2012:381- 389).

1.11 DISSEMINATION OF FINDINGS

The findings will be disseminated through presentations at national and international conferences. Furthermore, the researcher foresees that more than five published articles will come from the study i.e. the literature, findings that respectively relate to the quantitative and the qualitative phase, the integrated findings, key findings on the phenomenon in the public sector and the private sector and lastly the framework itself. Electronic copies of the thesis will also be communicated to the participating private companies and the Department of Health in South Africa.

1.12 CONFLICT OF INTEREST

The researcher has been employed as a lecturer at an institution of higher education for the last 9 years and has worked for more than eight years in public and private hospitals. At the time of the study the researcher had no ties with either the public or private sector.

1.13 SIGNIFICANCE OF THE STUDY

The findings will hopefully assist with creating an awareness of the influence of race, class and gender on advancement into nurse leadership positions in a South African context. In addition, the findings of this study will contribute to understanding the realities women as nurses face in terms of promotion but not necessarily be able to change current practices. The findings on the influence of race, class and gender on advancement were used for the development of the framework; ultimately enabling managerial structures to manage

promotional processes of nurses into leadership positions more effectively and empower nurses meaningfully for such processes.

1.14 CHAPTER HEADINGS – outlay of thesis

Chapter 1	Overview of the study
Chapter 2	Literature review
Chapter 3	Research methodology
Chapter 4	Quantitative results
Chapter 5	Qualitative findings
Chapter 6	Discussion of the findings of the study
Chapter 7	The integrated findings of the study
Chapter 8	The framework, recommendations and conclusion

1.15 SUMMARY

The Employment Equity Act was introduced in 1998 to redress the labour market inequities created by apartheid. Yet the 2012 equity reports reflect under representation of African and Coloured nurses in leadership positions in the private healthcare sector nationally and the public health sector in the Western Cape. The influence of the apartheid system therefore seems to be longstanding. It was therefore necessary to explore the experiences of professional nurses, nurse leaders and human resource officials of the possible influence of race, class and gender and the implementation of the Employment Equity Act during selection, recruitment and appointment processes. As a result of this study a framework was developed to enhance the appointment of women nurses of colour in leadership positions in hospitals. A concurrent mixed method design was followed using an exploratory survey and interpretive phenomenology. The study was conducted in the private and public healthcare sectors of the Western Cape and Gauteng provinces.

The following chapter contains a discussion on the literature underlying the Employment Equity Act, selection and recruitment processes and the intersection of race, class and gender.

CHAPTER 2

REVIEW OF LITERATURE

2.1 INTRODUCTION

Chapter 1 provides a background of the study and a succinct summary of the methodology that was applied in the study. The current chapter expands upon the review of existing literature, i.e. the existing scholarship or body of knowledge on the research problem (Mouton, 2001:6). The process of conducting the review allowed the researcher to acquire knowledge of how other scholars and researchers theorised the research area in terms of the insignificant number of females of colour in managerial positions at South African hospitals.

The current study employed a concurrent mixed method design using quantitative and qualitative research methods. The qualitative context was extensive (21 open-ended questions and 45 interviews) in comparison to the quantitative aspects that comprised 19 questions (a mixture of Likert scale, rating scale and close-ended questions). As recommended by Creswell (2009:26-27), an initial review was conducted to locate the research problem within the realm of existing published research and is presented in a separate chapter.

The literature search was carried out over a period of four years and culminated in the writing of the proposal. The initial review relates to the background and rationale of the study as discussed in Chapter 1. Once data collection had been completed the review was adapted to provide a fuller, more in-depth understanding of what influenced the appointment of nurses in leadership positions, and to establish literature control to enhance alignment between the findings of the study and the literature.

Search engines that were used include Google Scholar and Elton B. Stephens Company research database abbreviated as EBSCOhost, an online reference system. Searches were also conducted using the online library catalogue, WorldCat. Databases that were used included Pubmed, Statistics South Africa (Stats SA), PsycARTICLES, CINAHL, Academic Search Premier, Academic Search Elite, Business Source Elite, JSTOR, SAGE Journals Online and Springer All Americas Collection. Keywords such as 'diversity' and 'discrimination' produced limited results. Wording that was more effective included 'advancement and promotion', 'race, class and gender', 'advancement and career'.

In most cases literature used ranged from 2009-2017. The review also includes information derived from seminal studies i.e. literature grounded in the works of experts such as Max van

Manen, Kimberlé Crenshaw, Patricia Hill Collins, Sandra Harding, W.E.B. Du Bois, Neville Alexander, Pierre Bourdieu, William Cody, Steve Biko, Bell Hooks, Charles Mills and Schula Marks.

The review is presented in the following order:

- Demographic information
- Statistics of the Department of Labour (DoL) in South Africa (SA)
- Political landscape
 - Western Cape (WC)
 - Gauteng Province (GP)
- Legislation to readdress the labour market inequities that was created by Apartheid
 - Employment Equity Act (EEA)
 - Black Economic Empowerment (BEE)
- Theoretical framework
 - The intersection of race, class and gender
 - The Standpoint Theory
- Factors influencing appointments and promotion
 - The interview
 - Nepotism
 - Bias in hiring - favouring own kind
 - Race, racism, white supremacy and institutional racism
 - Language, self-esteem and oppression
 - Sexual orientation

2.2 DEMOGRAPHICAL BACKGROUND OF THE TWO PROVINCES STUDIED

The researcher considered it meaningful to provide more detailed information on the Western Cape and Gauteng Provinces in South Africa to provide context to the study as enacted. Gauteng (Sesotho) means “place of gold” and the province is considered the economic powerhouse of South Africa. It is SA’s smallest province in size but densely populated with largely urbanized communities. The Western Cape is considered a place of natural beauty and home to SA’s oldest city, Cape Town and the well-known Table Mountain. The province’s population is also relatively urbanized with two-thirds of the province’s population living in Cape Town metropolitan area. Another important fact is that politically, the Western Cape is the only province in SA not governed by the current majority political party.

The 2011 Census results (Table 2.1) show that the South African population has grown from 40.5 million in 1996 to 51.7 million in 2011. The total population (see Table 2.1) of the Western Cape and Gauteng Provinces is respectively 5.8 and 12.2 million (Stats SA, 2012:14). If one

reflects on race distribution in the two provinces, the statistical data obtained in the 2011 census as reflected in the report of Statistics South Africa abbreviated Stats SA (2012, 14-17) is used.

Table 2.1: Total population by province, Censuses 1996, 2001 and 2011 (Stats SA, 2012)

Province	Census 1996	Census 2001 Province	Census 2011
Western Cape (WC)	3 956 875	4 524 335	5 822 734
Eastern Cape (EC)	6 147 244	6 278 651	6 562 053
Northern Cape (NC)	1 011 864	991 919	1 145 861
Free State (FS)	2 633 504	2 706 775	2 745 590
KwaZulu-Natal (KZN)	8 572 302	9 584 129	10 267 300
North West (NW)	2 727 223	2 984 098	3 509 953
Gauteng (GP)	7 834 125	9 388 854	12 272 263
Mpumalanga (MP)	3 123 869	3 365 554	4 039 939
Limpopo (LP)	4 576 566	4 995 462	5 404 868
South Africa (SA)	40 583 573	44 819 778	51 770 560

The total population of the two provinces involved in the study according to race is reflected in Table 2.2.

Table 2.2: Percentage distribution of the population by population group and province, 1996–2011 (Stats SA, 2012)

Pro- vince	Black African				Coloured				Indian/Asian				White				Other
	1996	2001	2007	2011	1996	2001	2007	2011	1996	2001	2007	2011	1996	2001	2007	2011	2011
WC	21,6	26,7	30,1	32,9	56,0	53,9	50,2	48,8	1,1	1,0	1,3	1,0	21,4	18,4	18,4	15,7	1,6
EC	86,6	87,2	87,6	86,3	7,7	7,7	7,5	8,3	0,3	0,3	0,3	0,4	5,4	4,9	4,7	4,7	0,3
NC	44,9	46,5	39,8	50,4	43,7	42,9	50,0	40,3	0,2	0,2	0,2	0,7	11,2	10,3	10,0	7,1	1,6
FS	84,8	88,0	87,1	87,6	3,0	3,1	3,0	3,1	0,1	0,1	0,2	0,4	12,1	8,8	9,6	8,7	0,3
KZN	82,8	85,2	86,0	86,8	1,4	1,5	1,4	1,4	9,3	8,3	8,1	7,4	6,6	5,0	4,4	4,2	0,3
NW	90,1	90,0	91,2	89,8	1,6	1,8	1,7	2,0	0,4	0,3	0,4	0,6	7,9	7,8	6,7	7,3	0,3
GP	72,3	75,2	75,4	77,4	3,6	3,6	3,7	3,5	2,1	2,3	2,6	2,9	22,0	18,8	18,3	15,6	0,7
MP	91,0	93,2	92,0	90,7	0,7	0,7	0,8	0,9	0,4	0,3	0,4	0,7	7,9	5,9	6,8	7,5	0,2
LP	96,9	97,0	97,5	96,7	0,2	0,2	0,2	0,3	0,1	0,2	0,2	0,3	2,8	2,7	2,2	2,6	0,2
SA	77,4	79,0	78,9	79,2	9,0	8,9	9,0	8,9	2,6	2,5	2,6	2,5	11,0	9,6	9,5	8,9	0,5

According to Table 2.2, apart from the Western Cape (32.9%) and the Northern Cape (50.4%), Black Africans have the highest number of the population with more than 75%, in each of the provinces. The totals of Africans increased steadily in the Western Cape, from 21.6% - 32.9% for the period 1996 - 2011, while the Coloured population decreased from 56.6% - 48.8% in the same period. Gauteng has an African population of 77.4%, as reflected in Table 2.2.

The Coloured population is the highest in number in the Western Cape, with 48.8%, and in the Northern Cape 40.3%, whilst in Gauteng, the group constitutes only 3.5%. The Indian population in the Western and Gauteng provinces is 1% and 2.9% respectively with the highest population in KwaZulu-Natal. Gauteng has small distributions of Indians (2.9%) and Coloureds (3.5%) but a large African population (77.4%).

The highest percentages in respect of White populations were recorded in the Western Cape (15.7%) and Gauteng (15.6%). During the period 1996 - 2011, the percentage of Whites in the Western Cape and Gauteng reflected a steady decrease of 21.4% to 15.7% and 18.8% to 15.6% respectively. At the same time, the percentages for Africans in the Western Cape increased while that of Coloureds and Whites declined.

2.2.1 Equity reports

In the context of occupational levels, important data is available in the so-called Equity reports as published by the Department of Labour in South Africa. The annual Equity reports is a requirement to be followed by all employers and as outlined by the Employment Equity Act 55 of 1998 - please see 2.3.3.1 below. Table 2.3 provides insight into the combined statistical data of females from middle management to top management in the three private healthcare companies. Table 2.4 reflects the combination of the equity reports obtained from the Department of Labour (2015) in South Africa of the three private healthcare companies that participated in the study. For the purpose of this discussion, the focus is on statistics of females from middle management to top management in private healthcare as a unit and not on individual hospital groups.

2.2.2 The 2015 equity reports private healthcare nationally

Considering the population groups in South Africa, of which Indians constituted 2.5% and Whites 8.9% nationally (see Table 2.2), the representation of these groups (Indians 12, Whites 37; see Table 2.3) outweighs that of Africans (5) at senior and top managerial positions. Furthermore, middle management totals illustrate a distinct representation of White female employees (564) and Indians (94) in comparison to Africans (98) as reflected in Table

2.3, who actually constituted 79.2% of the SA population in 2011 (see Table 2.2). The dominance of Whites (564) in middle management positions in comparison to Africans (98), Coloureds (67) and Indians (94) appears to have ensured a greater possibility that a representative from the White group will be appointed should any senior and top management position become vacant.

Table 2.3: Private hospital groups - national statistics 2015 (Republic of South Africa, 2015)

Occupation Levels	Females			
	African (A)	Coloured (C)	Indian (I)	White (W)
Top Management	1	1	3	4
Senior Management	4	1	9	33
Middle Management	98	67	94	564

Table 2.4: Private Hospital Groups – Equity Report 2015

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top Management	1	1	2	18	1	1	3	4	0	0	31
Senior Management	5	6	9	63	4	1	9	33	1	2	133
Professionally qualified and experienced specialists and mid-management	84	51	54	352	98	67	94	564	12	12	1 388
	Total Males: 541				Total Females: 823						
	RATIO Male to Female: - 1: 1,5										
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	916	230	180	636	5 551	2 192	1 346	6 874	345	441	18 711
	Total Males: 1 962				Total Females: 15 963						
	RATIO Male to Female: 1: 8										

2.2.3 The 2015 equity report of the Department of Health in the Western Cape

The report disclosed that there were higher numbers (18) of White females in senior and top management positions compared to Coloureds (13) and Africans (2) (see Table 2.5). Middle management data reflected significant differences between the number of African (595) and White (1 469) females in that position when compared to the Coloured majority of 2 634 (see Table 2.5). The difference between percentages in terms of middle management White

females and African females is significant since Africans comprise 32.9% and Whites 15.7% of the population in the Western Cape.

In comparison to the 2015 report, the 2012 equity report of the Western Cape showed higher numbers of Africans (8) and Coloureds (21) in leadership positions (Republic of South Africa, 2012:2-3). Therefore, the 2015 equity report shows a decline in employment equity in the Department of Health in the Western Cape.

Table 2.5: Department of Health Western Cape – Public Health

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top Management	0	2	0	1	0	0	1	1	0	0	5
Senior Management	2	8	3	10	2	13	0	17	0	0	55
Professionally qualified and experienced specialists and mid-management	200	614	84	634	595	2634	153	1469	43	45	6471
	Total Males: 1532				Total Females: 4851						
	RATIO Male to Female: - 1: 3,2										
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	369	1325	13	238	1115	4182	49	868	5	5	8169
	Total Males: 1 945				Total Females: 6214						
	RATIO Male to Female: 1: 3,2										

2.2.4 The 2014 equity report of the Department of Health in Gauteng

The equity report of the Department of health in Gauteng (displayed in Table 2.6) shows higher numbers of Africans (8356) in mid-managerial positions in comparison to the other races i.e. Coloureds (302), Indians (615) and Whites (1477). The representation displays a more equal spread if compared to the population percentages according to race in the province as reflected in Table 2.2. These percentages are: Africans 77.4, Coloureds 3.5, Indians 2.9 and Whites 15.6. The report therefore shows that the Indian female appears to be more successful than her Coloured counterpart in terms of promotion in Gauteng.

Table 2.6: Department of Health Gauteng – Public Health

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top Management	1	0	0	1	0	0	1	1	0	0	2
Senior Management	6	0	0	0	3	0	0	0	0	1	10
Professionally qualified and experienced specialists and mid-management	1995	65	372	710	8356	302	615	1477	397	285	14574
	Total Males: 3142				Total Females: 10750						
	RATIO Male to Female: - 1: 3,4										
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	2345	59	30	142	10175	362	166	1032	17	85	14419
	Total Males: 2 582				Total Females: 11 735						
	RATIO Male to Female: 1: 4,5										

2.3 POLITICAL LANDSCAPE OF THE WESTERN CAPE AND GAUTENG PROVINCES

2.3.1 Western Cape (WC) – Democratic Alliance government (DA)

Section 42 of the EEA indicates that compliance to employment equity is measured by the extent that employees at an institution represent the demographic profile of the national and regional economical active population. Furthermore, the Minister of Labour has the power to determine the circumstances under which an employer should consider the national or regional demographic profile. If the national demographic profile of a race is to be considered when setting targets for employment equity in provinces such as the Western Cape (WC), the race that has a regional majority in the WC i.e. the Coloured group, could be marginalised.

Employment equity is contained in the labour policy of the Democratic Alliance. At the time of writing this chapter the Democratic Alliance (DA) was the ruling political party in the WC and also the official opposition in SA. The labour policy of the DA (Democratic Alliance, 2014:21) reflects support for the EEA. The EEA contains directives that stipulate that companies that are not compliant to the Act be punished with monetary penalties. The labour policy of the DA does not support the laying of punitive measures against companies that do not comply with the Act. Instead, the labour policy of the DA states that companies that are compliant be rewarded in order to enhance further compliance.

The Democratic Alliance used to be supported by the White liberal population in SA during the apartheid era (then called the Progressive Party). Post-apartheid the White minority seem to identify with the Democratic Alliance as the party seemingly demonstrated resistance to issues such as affirmative action. However, the party struggled to attract African support at the time (Southern, 2011:286-289). In 2007, a new party leader, Ms. Helen Zille, was appointed. She strived for more racial inclusivity by means of the appointment of more Africans in key party positions and the incorporation of images of multi-racial groups during election campaigns (Pressley, 2013:4-8; Southern, 2011:286-289). Pressley (2013:8-9) states that the party foresaw that support among African urban citizens would rise during the 2014 selections. The DA received 59% of the voters' support in the WC during the 2014 elections while the ANC received 33% (Africa, 2015:139). It was found that nationally the minority groups - Whites, Coloureds and Indians – had a tendency to be uncomfortable with the Africanist image portrayed by the African National Congress, the ruling party in SA (Southern, 2011:286-289). It may be noted that in the Western Cape the Coloured population is in the majority, as reflected in Table 2.2. In post-apartheid SA the Coloured majority, the White minority and the growing African population in the WC province were inclined to support the Democratic Alliance (Mottiar, 2015:109; Southern, 2011:285-289) that seemingly portrayed an image of racial and ethnic inclusivity.

The DA appointed a new party leader, Musi Maimane, in 2015 (Nicholson, 2015). The DA has gained some ground in the ANC led Gauteng during the 2016 municipal elections and at the time of writing this chapter the DA was the ruling party of two of the five metropolises in Gauteng (Areff, 2016).

2.3.2 Gauteng - African National Congress (ANC) government

While the DA is the ruling party in the WC the ANC is the ruling party in Gauteng. Gauteng has an African majority of 77.4% while minority groups Coloureds, Indians and Whites respectively constituted 3.5%, 2.9% and 15.6% of the population as reflected in Table 2.2 (Stats SA, 2012:17). Gauteng was governed by the African National Congress.

The ANC was founded in 1912 in reaction to the exclusion of Africans from the political processes of the then Union of SA in 1910. The Union of SA represented the amalgamation of the four provinces in 1910 and symbolized the interests of English- and Afrikaans-speaking Whites. The ANC therefore endeavoured to protect the political rights of Africans in a climate of discrimination and suppression. Subsequently the ANC was exclusively African during the foundation phase. The ANC adopted the notion of non-racialism in the 1920's upon the rise of the party's relationship with the Communist Party of South Africa (Twala, 2014:1989). The

party was considered the main liberation movement that authentically represented the people of South Africa during the apartheid era (Klein, 2015:203-206). The ideology of the ANC is based on the Freedom Charter, adopted in 1955 emphasizing a non-racialized ideology, '...the rights of the people shall be the same, regardless of race, colour or sex'. The greater part of the Freedom Charter was written by Rusty Bernstein, a White member of the South African Communist party. Klein (2015:203-206) avers that the party was more multiracial during the apartheid era and was exclusively African until 1969 when membership was opened to all races in exile. Yet the National Executive Committee of the African National Congress remained African and was only deracialised in 1985.

2.3.3 Legislation to redress the labour market inequities that was created by apartheid

2.3.3.1 *The Employment Equity Act of 1998 (EEA)*

The Employment Equity Act of 1998 (EEA) was promulgated by the ANC government with the purpose of promoting equality through the eradication of unfair discrimination. The implementation of the EEA therefore contributed to redress the effects of discrimination experienced by designated groups and was intended to achieve a diverse workforce representative of all the people of SA (Republic of South Africa, 1998:12). Unfair discrimination relates to discrimination in terms of race, gender, sex, pregnancy, marital status, family responsibility, ethnic, or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language and birth. The EEA also considers harassment of an employee as unfair discrimination. Unfair discrimination does not apply to the exclusion of a candidate who does not meet the minimum requirements inherent to a job (Republic of South Africa, 1998:18). At the same time, Section 20, subsection 5 (Republic of South Africa, 1998:24) affirms that unfair discrimination also relates to not appointing a qualified person due to a lack of experience.

According to Sections 16-20 of the EEA (Republic of South Africa, 1998:20-24) employers should develop an employment equity plan that will enable the employer to achieve a reasonable level of equity among the employees. However, in preparation of the plan, the employer should undertake an analysis of the level of equity as it exists in the facility in terms of policies, practices, procedures and the working environment to identify barriers that could hinder the promotion of people from previous disadvantaged groups. Furthermore, the employer should be conducting the analysis with the assistance of staff members representative of all workforce levels employed at the facility. The equity plan should reflect the objectives to be attained each year, the affirmative action measures to be implemented as

well as numerical goals to be achieved in terms of the appointment of qualified people from designated groups in each workforce level.

2.3.3.2 Broad-Based Black Economic Empowerment Act of 2003

Black Economic Empowerment (BEE) is a legislative framework, the Broad-Based Black Economic Empowerment Act of 2003, launched by the ANC government to redress the inequities created by apartheid. BEE comprises a racially selective programme whereby previously disadvantaged groups, Africans, Coloureds, Indians and SA Chinese citizens are granted economic privileges. These privileges include measures such as employment preference, skills development, ownership, management, socioeconomic development, and preferential procurement (Republic of South Africa, 2003:2-4). Measures such as employment preference, management and skills development are internal issues dependent on employment relationships. Ownership, preferential procurement, enterprise development, and social investment relate to external aspects reflecting the societal impact of companies, i.e. efforts to enhance economic development of previous disadvantaged groups (Arya & Bassi, 2011:679-680).

BEE was established in conjunction with the EEA to enhance the participation of African, Coloureds, Indians and SA Chinese citizens in the economy (Republic of South Africa, 1998:12; Republic of South Africa, 2003:2-4). The EEA on the one hand focuses on employment opportunities in the workplace while BEE concerns economic opportunities relating to management, ownership and increasing financial assets (Horwitz & Jain, 2011: 300-302). The operational aspects of BEE are explained in The Codes of Good Practice (Republic of South Africa: 2007) that contain guidelines on BEE as a strategy to enhance the economic empowerment of previously disadvantaged groups. The guidelines explain the use of a generic scorecard that assesses compliance by BEE companies. Thereby a private institution that wishes to engage with the public sector through economic transactions requires a BEE certificate (Kleynhans & Kruger, 2014:2). By engaging in economic transactions with the public sector the company thus acquires points on a scorecard in terms of the level of BEE compliance (Horwitz & Jain, 2011:300-301).

In addition to The Codes of Good Practice and the generic scorecard, sectoral BEE charters were developed for the different sectors of the economy. The sector-specific charters were voluntarily developed by stakeholders in a specific industry together with government departments (Thornley, Wood, Grace & Sullivant, 2011:71; Horwitz & Jain, 2011:300-302). These charters serve to guide transformation and provide benchmarks standards for the voluntary partnerships between the specific industry sector and the government department

(Department of Trade and Industry, 2005:np; Horwitz & Jain, 2011:302; Arya & Bassi, 2011:679-680).

Horwitz and Jain (2011:313) completed a general review of primary and secondary data and qualitative organizational factors, assessing progress with employment equity and BEE implementation in companies. The authors found that the pace of diversity and change is gradual and that outcomes reflect a 'carrot and stick' approach; focussing on the advantages of being compliant and not much commitment to be compliant. Kleynhans and Kruger (2014:1) conducted a quantitative study to determine whether a high BEE score is associated with higher profitability and competitiveness of companies. Kleynhans and Kruger (2014:1) found that BEE compliance has a positive effect on profitability, turnover and investment yet companies with a low compliance rating at times had the highest profits. The researcher could not find research results that reflected BEE compliance outcomes in the healthcare sector.

The Health Charter reflects changes to enhance Black ownership in the health sector. The commitment of Netcare is demonstrated in the company's participation in the development of the Health Charter and establishing a number of BEE trusts e.g. The Patient Care and People Trust, The Mother and Child Trust amongst others (Matsebulai & Willie, 2007:171). Furthermore, Netcare was rated as a level 3 (AA) provider in terms of BEE compliance by the Department of Trade and Industry in 2010, reflecting improvement relating to ownership of African, Coloured and Indian women (Netcare, 2017:np). Another private healthcare group, Mediclinic, engaged in a R1.1 billion Black Ownership Initiative. Also, the Life Healthcare Group, formed a BEE consortium with the Mvelaphanda Group and Brimstone Investment Limited (Matsebulai & Willie, 2007:171). The researcher could not find any information of the Melomed hospital group that reflected BEE commitments.

2.4 THEORETICAL FRAMEWORK

The study is guided by the Theory of Intersectionality and the Standpoint Theory as the two theories seem to fit the South African context. The political history of South African is marked by racial hierarchies i.e. the superior stance of White people compared to people of colour (Horwitz & Jain, 2011:299). Further, the country has a cultural context where males are traditionally viewed as being more dominant. A female of colour is traditionally viewed as having a subordinate role compared to the White female who seems to benefit as a result of the positive notions associated with whiteness and therefore not subjected to racial oppression (Ndinda & Okeke-Uzodike, 2012:128, 136, 138). The Standpoint Theory in the current study represents the voice of the oppressed - promoting the idea that those who have been

oppressed are privileged in that they are able to provide a more objective view of what it means to be oppressed (Rolin, 2009:218-219).

2.4.1 The Theory of Intersectionality

The Theory of Intersectionality was developed by Kimberlé Crenshaw (1989:139) and relates to differences among women (Davies, 2008:70). The theory emphasizes the creation of prejudice by mutually reinforcing vectors of race, gender, class and sexuality. The simultaneity of these reinforcing vectors of race, gender, class and sexuality in everyday lives/social practices are considered to influence the identities of women of colour, their experiences and their constant struggles for empowerment, ultimately causing them to be marginalised and subordinate (Nash, 2008:2-6). Marginalized persons according to Nash (2008:6) have epistemic advantages pertaining to their views of what it means to be oppressed. Jibrin and Salem (2015:63-64) state that the Theory of Intersectionality benefits research pertaining to intersections of social categories but requires explanations of what constitutes these categories. Therefore, the rest of the discussion contains an explanation of these categories and the intersections.

2.4.1.1 *The intersection of race and gender*

The theory challenges the twofold presence of race and gender, stating that the two words alone ‘...are too simplistic to capture the complexity of actual experiences...’ and focuses on the simultaneity of race and gender as social practices (Pope & Nauright, 2006:137). Women (gender; being female) in general are discriminated against but women of colour experience even more discrimination due to their being female and not white (Jean-Marie, Williams & Sherman, 2009:265-266; Yap & Konrad, 2009:598). Race and gender are thus not viewed as two different entities as, from a cultural viewpoint, both are implicated. Therefore, intersectionality concerns the overlapping borders of race and gender in a cultural context.

The theory also acknowledges the presence of multiple identities as it relates to race and gender. Multiple identities relate to the fact that one person can have many identities that relate to race, ethnicity, sexuality, religion and such characteristics. An example would be an African woman, who is identified in terms of race, but also as one who conducts herself as a heterosexual woman (sexuality), and practices the Christian religion. This woman manifests as many identities as substantiated by Jones and McEven (2000:405). These many identities are influenced and shaped by contextual factors such as her family background and life experiences.

2.4.1.2 The intersection of race and gender; patriarchal systems/male domination and paternalism

The theory holds the notion that with the addition of each category of inequality the individual becomes more marginalised. The latter is demonstrated in the fact that women in general are not viewed as being equal to men (Keith, 2017; Mavrelis, 2011; Humphreys & Campbell, 2010:63-64; Yap & Konrad, 2009:598; Davies, 2008:70; Cross, 1994: 217-218) and need to work harder to prove themselves and to be promoted (Yap & Konrad, 2009:598). The process is even more complicated for the female of colour who is seemingly viewed as inferior to White women by White men (Keith, 2017; Fryberg, 2010: 183-194). In workplace structures with White male managers in control, the female of colour tends to be more oppressed and has to display greater skills and sense of commitment to ensure promotion than her White counterpart will have to; revealing elements of patriarchy/male domination and race intersecting with gender (Fryberg, 2010:183-194). In the early years of nursing in South Africa, the profession was ruled by the more dominant male doctors of the medical profession. The more influential White female nurses used the system of patriarchy to their advantage and strived for acceptance by the White male medical profession, ultimately ensuring that White females had more control over nursing as a discipline (Marks, 1994:3-4). However, the oppression of the female of colour cannot be ascribed only to structures of oppression managed or sustained by White males; it also concerns males of other ethnic groups who in a cultural context viewed themselves as having power over the female of colour (Noah, 2016: 300-305; Kohli, 2015:59; Jibrin & Salem, 2015:16-17; Sadie & van Aardt, 1995:80-82). On the other hand, Crenshaw (in Yuval-Davis 2006: 196) avers that patriarchy does not relate to gender, but transpires within organizational structures, hierarchies that allow the oppression of the more disadvantaged group.

Paternalistic practices on the other hand, relate to ways whereby “bosses and benefactors” (people with more power) confer a treatment upon an individual or group without the individual or group’s consent. The individual or group seemingly has limited autonomy and is viewed as less capable. These paternalistic acts are often carried out intentionally with the purpose of doing good or preventing harm to the receiver thereof; yet these acts can be against the will or wishes of the receiver - thus establishing domination and control - ultimately oppressing the individual or group (Thompson, 2013; Cody, 2003:288). Coons and Weber (2013:5-7) emphasize that paternalistic acts or practices should not include coercion or limit the autonomy of the individual or group. Paternalistic practices are demonstrated in nursing in South Africa in the 1950s when African nurses were not treated as being equal to their White counterparts. White Afrikaner and White English speaking nurse leaders were of the opinion that the equal treatment of African nurses could interfere with maintaining nursing standards and

compromising professional legitimacy of nursing as a profession. Subsequently, the subordination of skilled African nurses produced the situation whereby they were not allowed to oversee less skilled White nurses (Pachard, 1996:325; Marks, 1994:5-8).

2.4.1.3 The element of class intersecting with race and gender

Class intersecting with gender is addressed in the discussion under the previous heading, '*The intersection of race and gender; patriarchal systems/male domination and paternalism*', reflecting society's attitude that males were superior to females.

Class intersecting with race is demonstrated in that White people were historically viewed as superior to people of colour. This perception of White superiority originated in the colonial era when White people ruled several parts of Africa and when many Africans were exported to America and worked as slaves on farms and in factories. The slave trade perpetuated the belief that White people were leaders and the stereotype that people of colour had to be subordinate as they were less capable or not so competent (Fletcher, 2013:97-99; Pachard, 1996:324-325; Marks, 1994:3-4; Cross, 1994:217-218; Du Bois, 1966:3-5). Cook and Glass (2009:395) discuss the influence of the societal assumption that White people have superior capabilities and how that influences who is appointed in senior positions in organisations. Cook and Glass (2009:395-396, 403) reflect that should a person of colour be appointed to a leadership position, White shareholders tend to view such appointments negatively and are concerned about the performance of the organisation. In addition, they found that quite often the person of colour was better qualified than potential White candidates.

Class also takes into account inferior judgements of the female of colour (Nash, 2008:3). Cook and Glass (2009:395) report that there is a tendency to believe that to appoint females of colour to top positions weakens organisations - heightening the individuals' negative assessments of their own capabilities as leaders as these companies then fail to progress.

Levine-Ratsky (2011:247-250) on the other hand, reports that White females benefit economically and politically from the exclusion or oppression of females of colour as they, the White female, sustain their loftier social positions. As the White middleclass female is not subjected to exclusion, she benefits from the psychological distance from what it means to be oppressed. Poor women and women of colour represent the voices of the oppressed or excluded who have an epistemic advantage of experiencing discrimination (Nash, 2008:3). Poor women and women of colour have different experiences based on class and oppression that are longstanding and can be taken back to the colonial era. The class issue again stems from their being viewed according to their traditional roles as servants who were meant to

serve their oppressors (Fletcher, 2013:99-100; Nair & Healey, 2009:3-7; Marks, 1994:3-7; Hooks, 1989:30-33). As Hooks (1982:16-19) explains this is in direct contrast to the courteous, respectful treatment that society bestows upon White females who are regarded as decent and deserving of special care. Yet the poor and oppressed female has to walk distances, suffer more hardship and often act as the breadwinner.

Ultimately intersectionality explores the way in which race, class and gender interact within the social and material actualities of women's lives to create and change relations of power (Davies, 2009:71). It is therefore concluded that intersectionality attempts to show how an individual's social positioning is the result of multiple overlapping processes and structures of power (Marfelt, Muhr, Śliwa & Villesèche, 2014:1).

2.4.2 The Standpoint Theory

The Standpoint Theory emerged in the 1970-1980s as a feminist critical theory and embraces the production of knowledge and practices of power (Harding, 2005:1). The Standpoint Theory holds that the creation of knowledge stems from one's social position. Accordingly, the theory accepts that marginalized groups and/or individuals (not merely women) find themselves in daily living practices or environments that enable them to gain knowledge and to better know the meaning of their current positions than non-marginalized groups. Subsequently, the Standpoint Theory considers epistemology (acceptable knowledge) to be the voice of the oppressed (Harding, 2004: 4; Bowell, s.a). These marginalized groups could be located in differing race, class and gender contexts and on various levels such as local, national and international and gain knowledge based on their locations. The Standpoint Theory includes multiple knower-positions e.g. differing cultural contexts based on experience (Harding, 2004: 4; Kokushkin, 2014: 10). Research aimed at power relations should therefore involve marginalized groups and begin by gaining understanding of their lives. The theory thus speaks to methodology since it concerns the purposeful involvement of the oppressed and the exploration of their lived experiences in the creation of knowledge regarding power structures. The involvement of the oppressed contributes to a more meaningful understanding of the phenomenon to ultimately strengthen the findings. In addition, the focus on acknowledging the voice of the oppressed in the midst of power structures and relations holds notions of political activism. Lastly the mere focus or act of acknowledging the voice and lens of the oppressed allows the Standpoint Theory to be viewed as a philosophy of science (Harding, 2004, 4).

It is thus deduced that the Standpoint Theory compliments the Theory of Intersectionality as the latter concerns daily practices relating to overlapping power encompassing race, class and gender interactions and how these contribute to oppression. For the purpose of this study the

oppressed relates to women nurses of colour and other nurses who experienced oppression stemming from power structures. These power structures represent the dominant race group, patriarchy in managerial structures and racial hierarchies. Furthermore, it is acknowledged that each of these power structures contains opposites that encompass or reflect class i.e. power of the dominant group over minority groups; management versus followers; and the power of the race that is viewed as the socially superior group in relation to the inferior group.

The oppressed in this study could be groups of nurses or individual nurses who consider and experience their work, private and public spheres from a subordinate position which may foreground their lack of power, privilege, position, opportunity or influence. This political ideology is depicted by the controversial Standpoint Theory related to feminism that emerged in the 1970s and 1980s. As a political movement, Feminism was perceived as controversial due to the fact that conventional political views were being disturbed or obstructed thereby limiting production of knowledge. Other controversial claims were that the Standpoint Theory as related to feminism research may also be suitable as a philosophy and research methodology for the natural and social sciences. Such claims were not well accepted since conventionally natural and social sciences were viewed to have different epistemologies and were to be kept apart (Harding, 2004: 2-3).

2.5 FACTORS INFLUENCING APPOINTMENTS AND PROMOTION

The previous discussion centred on the theoretical framework of the study. The current discussion concerns issues that tend to influence appointment and promotion processes such as the interview method for assessment purposes, nepotism, bias and aspects relating to race and language.

2.5.1 The Interview

The most popular selection instrument used by institutions/employers globally to assess the suitability of a candidate for a position, is the interview process (Yeung, 2011:1). However, the interview is not consistent in terms of how much influence it has over the selection process. If the applicant performs poorly in the interview, by providing inconclusive responses, using incorrect sentence structures or by not being proficient in the language of the interview, the candidate can be considered unsuccessful irrespective of the candidate's job knowledge and experience, academic achievements or letters of recommendation (Robbins & Judge, 2011). In many cases the person who is highly skilled in interview techniques may end up being the successful candidate although they, (those skilled in interview techniques) may not necessarily be the best candidate for the position. If a company makes the wrong choice in not appointing the best candidate, this can affect the company's financial position negatively but could also harm the morale of the rest of the employees (Bresler, 2014:1). Although it is

widely used, various researchers are of the opinion that the interview process remains a poor indicator of job performance (Posthuma, Moregeson & Campion, 2002; Wilk & Cappelli, 2003). A way to improve validity and reliability of the interview process, according to Yeung (2011:9) is have a job description list which stipulates the important tasks and responsibilities associated with the job and a personal specification that profiles the make-up of what the ideal candidate should be like. These lists are to be used to identify the competencies, which are the skills, traits, qualities and behaviours that will contribute to a reliable interview. According to Caruth (2009), to be effective in an interview one must be specifically skilled in asking appropriate questions, probing for more information, being observant, listening attentively, recording the interview and rating the candidate. Interviews should be structured, where questions are pre-determined, relevant and consistent to all job applicants, screening should be non-discriminatory and ratings conducted according to a scale (Huffcutt & Woehr, 1999:552). A panel of experts can be used for high level positions where the main objectives of the interviews are to evaluate candidates in an accurate and fair manner, treat them in professional and courteous ways and help candidates understand the nature of the job (Akhtar, 2012:53; Yeung, 2011:2). However, research conducted exclusively on panel interviews, have found that there is a lack of consistency in the performance criteria used to evaluate the candidates (Macan, 2009:209). Macan (2009:209) further states that focus has also been on the racially diverse compositions of the interview panel in their judgments, displaying that the panel favours similar personality behaviours and social identities. Ultimately, employees should be hired based on their competencies which include experience and expertise to add value to the company.

2.5.2 Nepotism

Nepotism is a form of discrimination in which family members or friends are employed for reasons that do not necessarily have anything to do with their experience, knowledge or skills (Booyesen & Loxton, 2010). Different tactics are used to advantage the potential candidate. One such tactic of nepotism is to design specifications for a vacancy that are precisely tailored to the qualifications of that one person, which is the relative or the friend whom the employer wants to employ. Nepotism is usually regarded as a “counter-productive and discriminatory” practice, which negates the values of equality, merit, impartiality and competition. It is simply considered as being unethical, selfish and blatant favouritism. Decision-making is compromised and the whole process is a farce. These kinds of inappropriate practices often lead to unhappiness and low morale amongst the existing employees, since the people who are employed under these unfair conditions enjoy privileges that are undeserving. In general, nepotism is not performed with positive intentions since the wellbeing of the organisation or

department is secondary, hence the act ultimately impacts negatively on the growth of the organisation.

In order to obviate such actions, the Australian government appointed a Merit Protection Commissioner, to monitor and ensure that employment opportunities and promotions for the Australian Public Service (APS) employees are based on a just and equitable system with merit as the core principle, giving every candidate an equal chance (Godwin, 2011:318-319). The main objective was to eliminate nepotism and the enhance efficiency in the public service which meant that all appointments were subjected to meritorious decision-making. The author explains that the APS system was adjusted and fine-tuned over time based on recommendations made by the Commissioner. A report issued by the Commissioner in October 2010, for example, proposed a set of values which covered service, ethics, respect, accountability and impartiality. These values were intended to be complemented by a set of employment principles advising APS to develop best practices for employment recruitment that upheld the merit principle (Godwin, 2011:323).

A research paper delivered in China in 2013 (Ma; Tang & Yan, 2015:283), expressed the view that public employees' opinions were surveyed to test the role of merit and personal connections (guanxi) with key personnel, in the allocation of promotions. The survey considered 4 groupings of opinions: if merit is the only criteria, if personal connections influenced the outcome, if both merit and connections are involved and if neither are involved. A total of 886 public employees were surveyed and 40% considered promotion to be merit-based and 20% as guanxi-orientated, with 10% of the opinion that promotion is not merit and guanxi based as well as 30% that considered neither merit nor guanxi played any role. According to the authors it was further found that younger employees with higher positions in the public service, were more prone to consider promotion to be merit-based, while the employees with good qualifications and those in higher positions with a solid public service ethos were more inclined to view promotion as both merit-based and guanxi-orientated.

From this, one can deduce that having the correct connections in the public sector can influence a candidate's chances favourably when it comes to promotions.

2.5.3 Bias in hiring/favouring own kind

Employment equity legislation serves to curb unfair discrimination (Republic of South Africa, 1998:12). Non-adherence to this legislation is often revealed in the measurement of employment outcomes, i.e. unemployment of many qualified designated job applicants (Bendick & Nunes, 2012:239). Van Bavel and West (2017) and Bendick and Nunes (2012:239)

over that not enough employment opportunities for designated candidates may be attributed to the possible presence of implicit bias during employment processes such as the interview, succession planning and other selection processes. When planning and directing their social views, humans engage in cognitive as well as automatic unconscious evaluative thought processes that are often biased (Williams & Wyatt, 2015:2). Unconscious bias is often based on race as people tend to view individuals from their own social group more favourably than those from other social groups (Tropp & Molina, 2012:546). The less favourable viewing of other social groups constitutes an attitude of prejudice against those social groupings. The less favourable viewing is often based on negative preconceived ideas of traditionally excluded groups e.g. questioning the education of Black applicants; concerns about the career commitments of females etc. (Bendick & Nunes, 2012:240). The terms, social group and social category are related to criteria, such as race, gender, occupation and age (Arnold, Randall, Patterson, Silverster, Robertson, Cooper *et al.*, 2010). It may be argued that unconscious bias could also relate to factors such as gender and age.

Van den Berghe (1962:58) conducted a quantitative study on the presence of bias and racial stereotyping in South African tertiary institutions in the Durban area. He used a racially diverse sample of students and the findings (Van den Berghe, 1962:58) showed that Africans in urban areas were viewed as 'progressive and violent' and rural Africans were described as 'subservient, backward and respectful' by White participants. Talbot and Durrheim (2012:476) replicated the study conducted by Van der Berghe in the Durban area to investigate whether racial stereotyping or bias had changed in post-apartheid South Africa. The findings of the study conducted by Talbot and Durrheim (2012:489) demonstrated negative stereotyping of rural Africans as 'traditional and uneducated' and urban Africans as 'detraditionalized and criminals' by White South Africans. Although the wording differs, the findings seem to be similar confirming that the racial stereotyping persists despite the abolishment of apartheid in 1994.

In other studies completed in the United States of America (USA) there is confirmation of unconscious racial bias within the hiring of staff (Arends, 2014; Bertrand & Mullainathan, 2004:991). In both studies companies were provided with names of potential candidates who may fill vacancies. Fifty percent of the names reflected predominantly African-American surnames and fifty percent predominantly White sounding surnames. In both studies companies showed a higher preference to respond to résumés of candidates with predominantly White sounding surnames irrespective of whether the competencies of the candidate with the White sounding surname were significantly less than those of candidates with predominantly African-American sounding surnames.

The 2006 and 2011 survey reports of Witt/Kieffer (2011:13), a USA healthcare company, on diversity in healthcare leadership positions revealed that perceived barriers to diversity vary according to race. Although diversity in leadership positions in healthcare had increased, most leadership positions were occupied by White people. White respondents were of the opinion that diversity in leadership was hampered by a shortage of candidates and lack of access to racially diverse candidates. Minority respondents ascribed the lack of diversity in leadership positions to a lack of commitment from top management to drive diversity. The reports therefore demonstrated a tendency to argue in terms of one's own social position and group.

Hasmath (2012:69, 77-78) reported racial stereotyping of the abilities of ethnic minorities in Canada. It was established that an employer who found members of a specific ethnic group to be less productive, was influenced by such negative experiences decreasing the likelihood that other members of the group would be hired. Moreover, hiring of candidates for high paid jobs was dependent on the social networks of potential candidates as vacancies were not always advertised, as some companies relied on existing employees to spread the word or to recommend potential candidates. It was apparent that should ethnic minorities lack good social networks or colleagues in senior positions, they could miss out on career opportunities.

The discussion demonstrates the manifestation of racial stereotyping in South Africa, USA and Canada. The perceived lack of management to drive diversity (mentioned in the previous paragraph) and the role of social networks that are notified of vacancies, suggests that organisational structures can impede the upward mobility and hiring of minority groups in the USA and Canada.

2.5.4 Race, racism, White supremacy and institutional racism

2.5.4.1 Race

Race in the 1500-1800 was referred to as a 'lineage', meaning a family line, an ancestor and his offspring, a group of people with more or less the same attributes, and biological features were not the defining factor. Differences between groups of people were viewed in terms of the environment. Bodily difference was not really the focus (Banton, 1987:45). The author however reflects that White people or Europeans were generally viewed as more superior and civilised.

Smetley (1993) viewed race differently and focuses on the social, economic and political conditions of the time, the exploration of Africa, colonialism and slavery and how it related to thoughts about differences among humans. The author focused on the English and the ideas

of themselves as exclusive and superior. Fletcher (2013:98) went further and reflected on race as a system of global oppression against people of colour in the interest of capitalism. Clair and Denis (2015:857) stated that race in general was viewed in terms of physical characteristics that assisted in distinguishing between different races. Ethnicity however, related to common lineage, history and cultural ways of doing.

2.5.4.2 Race as a social construct

Race as a social construct indicates how the dominant culture within a society values certain races as worthier than others (Romero, 2014:247; Alfred & Chlup, 2010:337; Steinbugler, Press & Johnson, 2006:809; Weber, 1998:18). The dominant culture in a society defines the categories of race, that is, White and Black to create social rankings: superior and inferior. These rankings are often viewed as fixed, that it is biologically inherited by the group or individual and not created by the dominant group in the society. The ranking thus implies a class system portraying Black people as inferior and White people to be superior; ultimately revealing how race intersects with class (Keith, 2017; Romero, 2014:247; Alfred & Chlup, 2010:337; Steinbugler *et al.*, 2006:809; Guess, 2006:652). However, race as a social construct, is not an absolute category but changes over time (Romero, 2014:247). Romero also stated that the fluidity of race over time was related to ethnicity; that race and ethnicity were interdependent. Whereas race relates to biological origins, ethnicity concerns cultural issues such as language and religion. Groups defined by ethnicity are often racialized, e.g. Native American Indians have various different groups with different languages and religions. Yet Native American Indians are racialized by society as one group (Strickland, 1997). A South African example of the fluidity of race as a social construct is the SA Chinese citizens who are racialized as Coloureds (Ramjettan & Bandezi, 2014; Mzizi, 2014).

2.5.4.3 White supremacy

In the new South African political landscape, White people no longer hold the dominant political position, but the promotion and strengthening of White ideologies of the apartheid era continue to play a meaningful role in present society (Collier, 2005:296). It can be argued that white supremacy is no longer backed by law, but it continues to exist today in different forms. It is now maintained through inherited patterns of discrimination, exclusive racial bonding, cultural stereotyping and various degrees of power derived from consolidated economic privilege (Hacker, 1992). White supremacy embraces white privilege which refers more broadly to the “European domination of the planet that has left us with the racialized distributions of economic, political and cultural power that we have today” (Mills, 1997:98). Frackenberg (1993) mentioned that whiteness ...” is the production and reproduction of dominance rather than subordination ... of privilege rather than disadvantage”. White privilege portrays white supremacy as a belief system or social force that places White people in

dominant positions and grants them unfair privileges while they themselves are not aware of it. White privilege refers to unearned benefits that are given only to Whites to enjoy. Whiteness was characterized by orderliness, rationality and self-control, while other race groups were denoted by chaos, irrationality, violence and lack of self-control (Kincheloe & Steinberg, 1998). From a historical background Biko (1978:45) writes about the White culture “as the more powerful culture” which bestowed “an inferior status to all cultural aspects” of the African people. Biko (1978: 22, 26) further elaborated that if African people continued to suffer from an inferiority complex, a result of many years of deliberate oppression, of being belittled, of being treated disrespectful, they will remain as such unless a profound change occurred, where Blacks restored a sense of pride and self-worth, thereby learning to assert themselves. In South Africa whiteness provided advantage by way of the policy of job reservation, where special jobs were reserved for whites only (Mbeki, 2001:134). Although in later years labour practices have improved, White professionals in general continue to dominate key positions especially in managerial decision-making positions in the private sector (Republic of South Africa, 2015).

2.5.4.4 Institutional racism

Racism can be broadly defined as an institutionalised system, which includes thoughts, feelings and behaviour, whereby certain race groups “systematically dominated”, were advantaged, privileged and biased whilst another group is disadvantaged, marginalised and oppressed purely based on their racial differences (Dovido, Gaertner & Kawakami, 2010:312; De la Rey & Duncan, 2003:6). Dovido, Gaertner and Kawakami (2010:312) claim that the two most infamous systems of racism, apartheid and Nazism in South Africa and Germany respectively, manifested inequalities and gross abuses of human rights, yet the policies were legalised or justified by the dominant racial groups in power. In these systems, Africans and Jews were considered as the inferior race groups, compared to White South Africans and the “Aryan Germans”, respectively.

In spite of the unprecedented social and political transformation in a post-apartheid society, supported by the South African Constitution (Republic of South Africa, 1996:1-2), that claims to be committed to establishing a society based on democratic values, social justice and fundamental human rights, racism as an ideology still remains largely entrenched within the social structure (Mthanti, 2017; Horstens, 2006). Understanding the effects and persistence of racism requires that racism be viewed in terms of the historical context of the phenomena.

The system of racial segregation in South Africa known as apartheid, was implemented and enforced by legislative laws and policies. These laws served to institutionalise racial

discrimination, impose exploitation, domination and violence by White people over people of other race groups. The authors, De la Rey and Duncan (2004:50) purported that racial discrimination referred to the condoning of “unequal treatment” of certain race groups under systematically unequal conditions, which lead to the perpetuation of patterns of racial inequality. This is evident in examples whereby certain institutions with a high percentages of White staff members, especially in positions of power, tend to alter their selection criteria for employment and promotion purposes when Africans are potential employees.

Feagin (2006), an African-American, declared that systemic (institutional) racism fundamentally included the complex collection of discriminatory practices against American Blacks, the unfairly acquired political and economic dominance of Whites, the persistent resource shortages or unequal supply along racial lines, and the White racist attitudes established to maintain and justify White privileges and power. Feagin (2006) further claimed that, institutional racist realities were manifested in each of society’s major areas - the politics, economy, education, religion and family life. De la Rey and Duncan (2004:49) alluded to examples and mentioned the substantial number of superior facilities in education, health and residential areas enjoyed by Whites, in comparison to that what was available to American-Blacks. In the South African context, low cost housing in informal townships, lack of proper sporting and recreational facilities, ill-equipped school infrastructure and under qualified teachers (as inherited from the past) contributed to a society which consists of under achievers, lacking in self-esteem and confidence as well as incompetence in English at conversational level (Zunga, 2017).

2.5.5 Language, oppression and self-esteem

2.5.5.1 Language and apartheid

English as a language was brought to South Africa during the colonial era with the arrival of the British in 1806. In the 19th century English was used as a medium of instruction in many African schools in the Eastern Cape and Natal. The National Party came into power in 1948 and promoted the development of Afrikaans while English was afforded lesser status. African languages received little attention and were generally disregarded. Despite the fact that the government of the day favoured Afrikaans, English retained its dominance as a business language and in higher education (Silva, 1997:2).

2.5.5.2 Language, apartheid, post-apartheid and education

The National Party government segregated the educational system according to race (Nkomo, 2015:244). Schools reserved for White citizens were of superior Western standards while the school system provided for Africans, Coloureds and Indians was of an inferior standard. With the abolishment of apartheid, the new democratic elected ANC government adopted an

inclusive language policy (UNICEF, 2016:2). Subsequently, in an effort to curb marginalization and discrimination (UNICEF, 2016:2), the South African government adopted eleven official languages with English being the business language (Council of Higher Education, 2001:7). The language framework of The Council of Higher Education in South Africa (2001:4-6) report English as a medium of instruction in most SA universities and universities of technology. The Council of Higher Education recommends multilingualism and mother-tongue education. Evans and Cleghorn (2014:1) mention a tendency among SA parents to foster a home/ethnic language while supporting English as a medium of instruction in schools. Silva (1997) was sceptical about the quality of English tuition in public schools as teachers who were trained under the Bantu Education Administration have not acquired enough knowledge about English. The author therefore relates that the use of English as a medium of instruction in public schools is sub-standard/of low quality. Kamwangamalu (2004:246) stated that the government wished to use multilingualism as a means to address the mismatch between languages spoken at home and what is used as a medium of instruction in schools, ultimately ensuring that each language was to be treated equally.

2.5.5.3 Languages spoken in the Western Cape and Gauteng provinces where data collection was completed

The most spoken home languages in the Western Cape are Afrikaans with 48.4% followed by Isi Xhosa with 24.1% and lastly English with 19.7%. Each of the other 8 official languages is spoken by less than 1.5% of the population in the Western Cape respectively (Worldelections, 2014).

The range of languages, spoken as a home language, in Gauteng are firstly Zulu (19.5%), followed by English (13.1%) and Afrikaans (12.2%). Sesotho (11.4%), Sepedi (10.5%), Tswana (8.9%), Isi-Xhosa (6.5%) and Tsonga (6.5%) follows. The other three official languages not mentioned here are spoken by less than 3.5% of the people in Gauteng respectively (Worldelections, 2014).

The languages used in Gauteng provide a more presentative spread of official languages used in South Africa. We notice that English as a home language takes second place in both provinces. Yet, the data in respect of the languages spoken in the Western Cape reflect a pronounced use of Afrikaans.

2.5.5.4 Language and power

Irrespective of preferences of home language, English as a business language seems to have power due to its colonial history and use as business language in post-apartheid South Africa (Alexander, 2005:2-3). Alexander (2005:3-5) reflected upon the hierarchies of languages and how these enabled elitist groupings, thus class. Pre-1994 English and Afrikaans were

regarded as legitimate languages. Thereafter all eleven languages were considered; with English thriving as the business language; irrespective of English not being regarded as the home language of choice in both the Western Cape and Gauteng provinces. Furthermore, the spoken language has the advantage in that the culture in which it is embedded may be transmitted and maintained. Language is recognized as a valuable instrument for communication in that without proficiency in the language that is most commonly used in communication processes, people will be unable to communicate and thereby be excluded. Those who are able to communicate in the language that is used for communication have power (Alexander, 2012:2).

A language tends to gain power if the speakers thereof have political and economic power (De Kadt (1991: 5). Moreover, an individual's ability to converse in English is sometimes viewed as being civilised, modern and refined (Kachru, 1986: 128f). At times, members of selection teams are impressed by eloquent English (Keil, 2005:38). South African English differs among the various ethnic groups as pronunciation and annotation are influenced by the mother tongue ethnic language of the group, making it less refined (De Kadt, 1991: 7). English speaking White South Africans are aware of the differing pronunciations and are less acceptable of and even critical to South African English perceiving it as sub-standard to British English (Silva, 1997: 3-4). Bell Hooks (1989: 28-31), an African-American feminist, talks about suppressing her common accent and adopting the dominant language that is also 'the language of the oppressor'. She explained that the need to adapt was a way to find her way as an academic. Bourdieu (1991:26-27) elucidates that the proficiency of few in the elitist language helps to maintain economic benefits to that smaller group. However, if many are proficient in the elitist language the economic benefits are more divided amongst a larger group. It may therefore be deduced that nurses unable to converse in eloquent English be supported to attain that standard since the lack of proficiency contributes to their not enjoying the economic benefits implicit in career advancement. Since all sectors of the SA economy are managed primarily by White South Africans (Republic of South Africa, 2016:22), nurses aspiring to managerial positions should be cognisant of how acceptable their ethnic accent might be to members of selection teams. On the other hand, companies who value eloquent English and the image portrayed by their leadership should also assist potential candidates with the attainment thereof.

2.5.5.5 Language and inequality

Although the ANC government has made efforts to create an equal school system, improving quality in the education system remains challenging since tertiary education is dependent on finances. The majority of the SA population is poor and lacks access to credit (van der Berg & Moses, 2012:136; Branson, Garlick, Lam & Leibbrandt, 2012:2). Inequality, the divide between

rich and poor, is thus not easily addressed but seems to be persistent due to a lack of finances to improve the quality of education (Nkomo, 2015:247; Branson, Garlick, Lam & Leibbrandt, 2012:2).

In addition, African students do not have the opportunity to learn in their first language beyond basic schooling, since tertiary education is generally offered in English and Afrikaans. Furthermore, preparation for university education continues to be influenced by race. As such, specifically African students who attend impoverished township schools seem to get the shorter end of the stick (HESA, 2014). Van der Berg and Moses (2012:136) and Branson, Garlick, Lam and Leibbrandt (2012:2) mention that there is a high drop-out rate during secondary schooling among African students.

Yet the case of South Africa is unique as it had constituted systemic domination of a White minority that oppressed and marginalized a Black majority. Biko (1978:51) considered it important for White South Africans to engage in reflection about their own unearned privileges and urged Africans to understand that the oppression is based on the colour of their skin and that they should collectively address their systemic subjugation by the White minority and cease to be subservient.

2.5.5.6 Self-esteem and oppression

Individuals from marginalized groups are exposed to multiple forms of discrimination e.g. the triple jeopardy of being female and a supposedly lower class (viewed as inferior to men, White people) and ethnicity. The multiple forms of discrimination tend to influence their well-being (Balsam, Molina, Beadnell, Simoni & Walters, 2011; Buchanan, Bergman, Bruce, Woods & Lichty, 2009). Lowe, Okubo and Reilly (2012) completed a qualitative study on people of colour who experienced racism and found that behaviours such as distrust, avoidance, hyper-arousal and intrusion being disconcerting.

Watson, DeBlaere, Langrehr and Zelaya (2016:656) completed a quantitative study on the possible relations between multiple forms of oppressive experiences (i.e. racism, sexism and sexual objectification) and trauma symptoms among women of colour. The authors found a positive relationship between experiences of racism and a lower self-esteem among women of colour and state that encounters involving prejudice can influence the self-esteem of an individual. Schmitt, Branscombe, Postmes and Garcia (2014) confirm the relationship between experiences of oppression and self-esteem. Self-esteem refers to how people feel about and view themselves (Watson, DeBlaere, Langrehr & Zelaya, 2016: 656). On the other hand, Crocker and Garcia (2010:397) relate that the findings of the previous two studies are

debatable as other research studies found the opposite. Sprecher, Brooks and Avogo (2013) found higher levels of self-esteem among African American participants who had experienced discrimination, than among White participants. Older meta-analysis studies (Gray-Little & Hafdahl, 2000; Twenge & Crocker, 2002) also found higher self-esteem among African Americans than White people.

2.5.6 Sexual orientation: discrimination/reverse discrimination

Köllen (2016:229) and Ozeren (2014:1204) confirm ongoing discrimination toward lesbian, gay, bisexual and transgender persons in the workplace. Discrimination often relate to difficulties in being promoted. Nursing as a profession is more female orientated and male nurses are often viewed with scepticism due to stereotyping of their being gay (Huston, 2014: 145). Huston (2014:145) also reports a tendency among heterosexual male nurses of not wanting to be associated with male nurses who are gay. Furthermore, lesbian, gay, bisexual and transgender persons are often subjected to bullying. They fear coming out as this might lead to stigmatization, isolation and exclusion.

Heterophobia or hetero-negativity on the other hand, refers to coping mechanisms of persons who feel oppressed by the dominant heterosexual group/society (Greene & Herek, 1994:182; White & Franzini, 1999:65). White and Franzini (1999:65) conducted a quantitative study to determine the attitudes of gay people towards straight people. The sample comprised heterosexual and gay and lesbian participants. The findings reveal that heterosexuals express more phobia towards gay and lesbians than the other way around. Research findings and literature on the issue of heterophobia are seemingly minimal even with the assistance of the librarian at Stellenbosch University library. A Google search however, provided a few lawsuits reflecting discrimination exerted by gay people towards heterosexuals. Lavigne (2017), Marcus (2010) and Greg (2012) report discrimination against heterosexual people describing outcomes of lawsuits that demonstrate reverse discrimination - discrimination against not being gay or lesbian but rather, straight. Marcus (2010) discusses a situation where academic at a university filed a lawsuit as he, the academic, believed that he was discriminated against by a group of gay administrators and academics. On reporting the matter, the academic was fired. The case of Marcus (2010) demonstrated the tendency of management at that institution to appoint gay men in managerial positions. Lavigne (2017) reported preferential treatment conferred to gay staff members inconveniencing those who were straight. The cases reported by Marcus (2010) and Greg (2012) disclose that gay managers discriminated in favour of other gay people. The lawsuits thus demonstrated dominance and oppression stemming from more senior groupings of gay people in a workplace setting. Smith (2017) and Lavigne (2017) stated that lawsuits reflecting reverse discrimination were rare but possible.

Section 9 of The Constitution South Africa, reflecting the Bill of Rights (Republic of South Africa, 1996:7) and subsections 3 and 4 confirm equal treatment be conferred to South African citizens and thus protect SA citizens from unfair discrimination in terms of sexual orientation.

2.6 SUMMARY

The 2015 equity reports of the public healthcare sector in the Western Cape show higher totals of White females (seventeen) in managerial positions compared to Coloureds who hold thirteen and Africans with 2 in senior managerial positions. The 2015 equity reports of the private healthcare companies show higher totals of White females (thirty-three) in senior managerial positions compared to Indians (9), Coloureds (1) and Africans (4). These totals therefore display ongoing inequality of filled senior management positions in the public sector in the WC and the private healthcare nationally.

The equity report of Gauteng shows a more equal spread of females according to race in mid-managerial positions. However, although the Coloureds population in the province is slightly more than the Indian population, Indian females appear to be more progressive in terms of promotion if compared to the Coloured female.

The Theory of Intersectionality demonstrates how the intersecting influence of race, class and gender tend to marginalize women of colour. Furthermore, literature confirms the distinct presence of nepotism, institutional racism, bias in hiring and the influence these practices have on fairness with appointments and promotion. The hegemony of English as a medium of instruction may represent power structures that could impact the upward mobility of those not competent in it. The question on whether oppression might influence the self-esteem of the oppressed is debatable.

The next chapter provides a detailed discussion of the methodology that was applied in the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapters comprise an introductory chapter that provides an overview of the study and a review of literature on the topic under study. The current chapter constitutes an explanation and discussion of the research methodology that was applied in the study.

3.2 METHODOLOGY – CONCURRENT MIXED METHODS

The topic under study was explored using a concurrent mixed method design. The concurrent mixed method design comprised a cross-sectional descriptive survey and interpretive phenomenology. The descriptive survey was used to obtain the views of nurses eligible for promotion regarding the influence of the EEA, race, class and gender on the appointment and promotion. However, the information obtained via a survey could be superficial (LoBiondo-Wood & Haber, 2010:198-199; Watson *et al.*, 2008:181). Therefore, the underlying more complex issues in this study were explored through an in-depth qualitative approach (Polit & Beck, 2008:20-21). Issues that were explored qualitatively were the practices imbedded in the selection processes of nurses to leadership positions as experienced by those involved in such processes. Consequently interviews were conducted with successful and unsuccessful candidates, nurse leaders who participate as members of the selection panel, human resource officials and people who participate as a panel member merely to oversee the quality of appointing processes e.g. another nurse leader or other human resource officials.

The concurrent mixed method design was considered suitable as it allowed for the triangulation of the more objective quantitative data (the views of nurses eligible for promotion) with the more subjective qualitative data (the experiences of those who had participated in the selection processes), ultimately providing findings that are regarded as more truthful and authentic (Johnson, Onwuegbuzie & Turner, 2007:122). At times, quantitative and qualitative data could be similar, as was the case in the current study. This confirmation of findings further strengthened the truthfulness of the final conclusions (Fetters, Curry & Creswell, 2013: 10). Furthermore, the quantitative and the qualitative data complimented each other as one could sense the needs of those aspiring to promotion in the quantitative data while the experiences of those who had participated in the selection processes provided a more in-depth understanding of such needs. The combined use of both approaches in one study therefore assisted with compensating for the mutual and overlapping weaknesses of each approach (Johnson & Turner, 2003: 299). Fetters *et al.* (2013: 13) explain that the use of quantitative

and qualitative approaches in one study assists with an expanded understanding of the phenomenon of interest.

In the current study certain quantitative findings appeared to be rather vague such as that the implementation of the EEA did not really contribute to fairness in promotional processes. The interview data and responses to the open-ended questions on the other hand, revealed the presence of questionable promotion processes. The latter therefore clarified the matter of the perceived unfairness. The mixed methods design also allowed for more divergent and complementary views on the phenomenon of interest (Venkatesch, Brown & Bala, 2013: 25). Views of those aspiring to promotion were described and complimented being strengthened by the responses to the open-ended questions. All these data were ultimately reinforced by the data obtained from the panel members i.e. the human resource officials, the nurse managers, the successful and unsuccessful candidates. Data obtained from the executive nurse leaders added further richness as they could share experiences related to politics in nursing. Ultimately the combination of quantitative and qualitative research approaches, enabled the researcher to engage in an in-depth study of the realities and processes underlying the appointment of nurses in leadership positions in the South African context (Johnson, Onwuegbuzie & Turner, 2007: 122). The integration of meaningful inferences from the quantitative and qualitative sets, eventually allowed the development of substantial meta-inferences for the final product, the framework.

3.3 PARADIGM

Overview - The quantitative part of the study, the descriptive survey, is based on the philosophy of post-positivism whereas the qualitative part is based on the philosophy of interpretive phenomenology. Therefore, to accommodate the combination of two philosophies in one study, this study is based on the philosophy of pragmatism as substantiated by Feilzer (2009:8).

Quantitative research - The post-positivist stance acknowledges objectivity but accepts that true objectivity is not possible, subsequently other probable evidence is considered (Polit & Beck, 2014:8). The philosophy of post-positivism suggests that epistemology (the nature of knowledge; what constitutes valid knowledge) is not completely objective and that knowledge cannot be separated from ontology (the nature of reality that is to be studied) and personal know-how (Ryan, 2006:12-16). However, objectivity remains a goal and therefore the researcher in her approach to this part of the study strived to be as objective and unbiased as possible (Polit & Beck, 2014:7-8). Consequently, the researcher endeavoured to enhance the acceptability of the data derived from the survey; i.e. considering other probable findings

through the use of inferential statistics. Responses to the questions were therefore correlated with race (explored differences in how the various race groups responded), class (explored differences in how the managers and the followers responded) and gender (differences in the responses of males and females). Furthermore, compliance to the Employment Equity Act, Act 55 of 1998 were also explored impartially to assess its influence on the appointment of nurses in leadership positions.

Qualitative research - Qualitative approaches are based on the view that reality is internal and subjective (Terre Blanche et al., 2006:6) and that the findings are multiple and tentative (Wahyuni, 2012:69). The qualitative part of the study was based on the interpretive phenomenology approach developed by Martin Heidegger that focuses on ontology, the science of being (Reiners, 2012:1); also referred to as the 'nature of reality' (Terre Blanche et al., 2006:6). According to Heidegger, researchers ought to consider their own knowledge and preconceptions about the topic under study and unpack these as the process assists with accurate interpretation (Watson et al., 2008:234-235; Mackey, 2005:180-186). Considering that interpretive phenomenology was employed in the study, the assumptions of the researcher were not negated. The assumptions were integrated with the experiences of the participants, as well as the literature underlying the topic under study, as advised by Watson et al. (2008:234-235), ultimately enlightening reality.

The nature of reality and what can be known about it (ontology), is not dependent on the beliefs of people but is interpreted through social conditioning - our experiences in the world (Wahyuni, 2012:69). Therefore, the unit of analysis for the purpose of this study, namely race, class and gender issues underlying the appointment of nurse in leadership positions, were viewed against the experiences of practices of appointing nurses (therefore a social conditioning process) in leadership positions in South African public and private hospitals.

Pragmatism - Johnson and Onwuegbuzi (2004:17) state that pragmatism provides a philosophical midpoint to accommodate qualitative and quantitative approaches in one study. Morgan (2007:71) reflects on the practical value of pragmatism and indicates that the philosophy allows for abductive reasoning, moving back and forth between qualitative (inductive) and quantitative data (deductive) data in an attempt to answer the research question. Since the research question then drives the inquiry in terms of methods to be used, no one is forced to choose a specific traditional mode of inquiry (Polit & Beck, 2014:340). Pragmatism views measurable data to be experiential and containing layers that could be regarded as objective, complete and orderly and reflective of control. There are however also layers illustrating subjectivity, uncertainty and ambiguities (Dewey, 1925: 40-47). The author

is of the opinion that the combined denominator and initial goal of quantitative and qualitative approaches is seeking the 'truth', seeking what can best answer the research question; whether that be an objective truth or a relative truth stemming from multiple realities. Pragmatists' view of research and knowledge production thus contains a condensed focus on what represents reality. Pragmatism however, contains a stronger emphasis on the usefulness of the data in getting to the truth.

3.4 THE QUANTITATIVE PART

The quantitative part of this concurrent mixed method study involved a cross-sectional survey that used a structured questionnaire. The survey was carried out at one point in time to explore the views of the participants on the influence that race, class, gender and the implementation of the EEA have on the appointment of nurses in leadership positions. The survey data is based on the philosophy of post-positivism, explained earlier, meaning that true objectivity is not possible, but efforts were made to enhance objectivity. These efforts related to employing systematic random sampling, therefore ensuring that each member of the population had an equal chance of being included in the sample and that participants were not coerced to participate in the study. Furthermore, the use of systematic random sampling supports the probability that the findings be generalizable to the broader populations of nurses employed in the hospital settings of the two provinces (Creswell, 2009:146-148). In addition, Gray (s.a.: 23) refers to the fallibility of observations derived from survey research, that one can only approximate the truth and is not able to describe the truth in all its facets. Post-positivistic research seems to focus on the probability of findings. In this study, inferential statistics were used, for example, to determine the dependability of the findings and to make inferences beyond the data itself, to the population. In the case of this study, the findings (the perceptions of the nurses) were compared with race (African, Coloured, Indian and White), class (managers vs. followers) and gender (male vs. female) subsequently seeking other probabilities by which to substantiate the findings.

Furthermore, quantitative research focuses on a relatively small number of concepts and research is conducted using structured procedures (data collection and analysis) and a formal data collection instrument, in this case, questionnaires. The results derived from these procedures are considered to be more objective (Creswell, 2009:145; Watson, McKenna, Cowman & Keady, 2008:16). For the context of this study the survey facilitated the objective investigation of a small group of concepts; the influence of the EEA, race, class and gender on the appointment of nurses in leadership positions.

A quantitative approach is also applicable to exploratory work Watson *et al.* (2008:17) that suits research in a comparatively unknown subject (Terre Blanche *et al.*, 2006:44). Except for historical research on the establishment of nursing as a profession in South Africa and how it was influenced by race, class and gender (Marks, 1994:3-4), no studies on the influence of the EEA, race, class and gender on the appointment of nurses in leadership positions in the South African context could be found.

Moreover, quantitative research enables the study of a large group of participants (Kelle, 2006:305). For that reason, the quantitative part of the study enabled the involvement of a large number of participants from the public and private hospitals in the Gauteng and Western Cape provinces in South Africa. Subsequently, in the current study quantitative research was employed to investigate the first two objectives of the study:

- Explore how nurses view the influence of the EEA on the appointment of nurses in leadership positions and
- Exploring the opinions of nurses on the influence of race, class and gender on the appointment of nurses in leadership positions

3.5 THE QUALITATIVE PART – INTERPRETIVE PHENOMENOLOGY

Interpretive phenomenology was used to explore the third objective of this study, namely the selection practices as experienced by those involved in the selection processes of nurses in leadership positions. Phenomenology centres on a person's lived experience as a way of uncovering meaning and gaining insight into aspects of the lived experience, in other words, the events that individuals go through.

Interpretative phenomenology originates from the work of Heidegger who opposed certain tenets of descriptive phenomenology as postulated by Husserl and colleagues. Interpretive Phenomenology emphasizes the situatedness of the human being, the meaning of being-in-the-world that also implies a situated freedom. The researcher and participants focus on the interpretation of phenomena or occurrences in an effort to reveal inner meaning (Mackey, 2005:180). The philosophy of interpretative phenomenology focuses on the actuality or practicality of the experience to be studied, the persons, the history and traditions involved. It considers the assumptions and preconceptions of the researcher on the phenomena under study which are accepted as meaningful contributions (Watson *et al.*, 2008:234-235; Mackey, 2005:182; Ajjawi & Higgs, 2007:616).

Interpretive phenomenologists are also comfortable with using a theoretical or orienting framework to inform the study focus, data collection and analysis (Lopez & Willis, 2004:730). In this study, the use of the Standpoint Theory and the Theory of intersectionality provided guidance with decision making relating to the research question and the composition of the sample. These theories were also considered in the data collection and analysis processes as substantiated by Lopez and Willis (2004:730).

Mackey (2005:180-182) explains that one cannot release oneself from previous experiences of a situation since interpretation had already begun with those initial realizations. Subsequently, while listening to a participant during an interview or the recording thereof, or reading the transcript of the recording, interpretation continuous as it is required that one reassess one's prior knowledge. Furthermore, interpretation is a circular process whereby one has to consider one's prior knowledge in terms of the totality of what needs to be understood.

In order to fully understand the phenomenon, one has to move back and forth between your prior knowledge and the insight gained from the new knowledge. Interpretive phenomenology therefore acknowledges the hermeneutic circle, the understanding that happens while moving back and forth between partial understanding and total understanding of the phenomenon (Watson *et al.*, 2008:232-235; Ajjawi & Higgs, 2007:616-619; Mackey, 2005:180-186). The researcher strived to understand the meaning and experiences of the participants and rejected the notion of bracketing but sought comfort by contributing her own experiences during the collection of data and the exploration of the findings.

The researcher strived to understand the standard practices that institutions employ in the promotion process. The standard practices included recruitment processes, processes followed to screen applications, the composition of the interview panel, efforts employed to minimize bias. In addition, the researcher also explored the perceived value of laws such as the EEA as well as the needs and specific values of the institution with regard to promotion. Additionally, the researcher explored the specific experiences of those involved in these processes, and how their experiences relate (or do not), to race, class and gender.

3.6 POPULATION AND SAMPLING

The population of interest for the quantitative part of this study was professional nurses employed at the participating hospitals. The population of interest for the qualitative part was nurse leaders from across SA and persons at individual participating hospitals who had participated in the selection processes of nurses to leadership positions.

3.6.1 Study setting

The study was conducted in the public and private health sectors of the Western Cape (WC) and Gauteng provinces (GP). **The WC** was included since the equity report of the **public health sector** in the Western Cape (Republic of South Africa, 2015:np) reflected a lower representation of African females in managerial positions in relation to White females, and Coloured females in terms of White females as indicated in Chapter 1. **Gauteng was included** as the equity report of the **public health sector** in the province revealed a more equal spread of females in managerial positions across racial lines. The report reflected that the female of colour specifically is well represented in managerial positions in the public sector (Republic of South Africa, 2014:3).

The private health sector was included as disparities were noted in terms of who occupied managerial positions amongst women of colour (African and Coloured) and Indian and White females nationally as was discussed in Chapter 1.

Furthermore, as the study relates to sensitive matters, it was considered appropriate to include both sectors so as to prevent a focus on either sector and perhaps create the impression that either sector be resistant to transformational processes. The identities of the different hospitals and hospital groups were also protected –focusing rather on the implications of the findings in the context of race, class and gender.

The two provinces were selected for participation as they hosted the largest number of private- and public-sector hospitals in South Africa (Medpages, 2014). **The largest private and public hospitals were included** as one may assume that more promotional opportunities may exist at larger hospitals. There is subsequently a greater probability that the potential participants at these hospitals would have experienced or observed the possible interplay of race, class and gender on the appointment of nurses into leadership positions.

The public-sector hospitals that were involved in the study are central hospitals. Central hospitals are the largest state-owned hospitals in terms of patient numbers and facilities and serve as training facilities for health care professionals; each hospital is affiliated with a university (Republic of South Africa, 2012:36). The largest central hospital from each province was therefore purposefully selected for participation in the study, namely Hospital A and B (see Table 3.1).

South Africa has three private hospitals groups of which each group has hospitals in almost all of the nine provinces of South Africa (Medpages, 2014:np). The largest private hospital from each group was selected in each province for participation in the study; thus, a total of

two (2) hospitals from each group. Therefore, six (6) private hospitals were included (see Table 3.1). Hospitals C to G in Table 3.1 represent the private hospitals. Hospitals C and D represent one private hospital group, Hospital E and F another group, whereas Hospital G and H represent the third group.

3.6.2 Quantitative research

The population concerned were professional nurses (PNs) employed in both the public and private sector hospitals of the Western Cape and Gauteng provinces. The totals of PNs employed at each hospital were obtained from the nursing service managers at each hospital at the time of preparing the proposal in 2014; consequently, prior data collection. The **target population at the public-sector hospitals** consisted of all professional nurses employed at the **two (2) central hospitals**; Hospitals A and B as presented in Table 3.1. **The target population for the private sector hospitals** consisted of professional nurses employed at each of the **six (6) private hospitals**. The target population of the private sector hospitals prior data collection is illustrated in Table 3.1.

Table 3.1: Population prior data collection – 2014 (Prop = proportions)

WESTERN CAPE	PN	Sample	Prop	GAUTENG	PN	Sample	Prop
Hospital A	795	232	0.579	Hospital B	1401	370	0.705
Hospital C	300	87	0.219	Hospital D	115	29	0.058
Hospital E	147	43	0.107	Hospital F	190	48	0.096
Hospital G	130	38	0.095	Hospital H	280	70	0.141
Total	1372	400		Total	1986	500	

The final totals of PN employed at each hospital at the time of data collection are displayed in Table 3.2.

Totals of the central hospitals (public hospitals, i.e. hospitals A and B): The initial central hospital in Gauteng (Hospital B) that was approached in 2014, did not respond to the request to participate in the study by the time ethical clearance was obtained in 2015; subsequently the second-largest central hospital was approached in 2016 and the Chief Executive Officer at the hospital granted consent that data collection be completed at the hospital. As the hospital was smaller than the initial hospital that was targeted in 2014, the population of the hospital was also smaller; hence the difference in the total population of hospital B in terms of 2014 and 2016 (see Tables 3.1 and 3.2).

Totals of private hospitals in the 2 provinces: The totals of PN employed at the six (6) private hospitals were relatively stable and did not differ significantly from 2014 to 2016 as displayed in Tables 3.1 and 3.2.

Table 3.2: Population and sample at the time of data collection - 2016

WESTERN CAPE	PN	Sample	Accepted	Returned	GAUTENG	PN	Sample	Accepted	Returned
Hospital A	755	252	200	170	Hospital B	712	237	191	133
Hospital C	210	70	62	54	Hospital D	75	25	24	22
Hospital E	120	40	35	31	Hospital F	180	60	53	52
Hospital G	142	47	44	39	Hospital H	282	94	79	72
Total	1227	409	341	294=86%	Total	1249	416	347	279=80%
TOTAL (WC & GP)			Returned divided by accepted (294+279)/ (341+347) x100=						83%

Sampling frame: The sampling frame consisted of an Excel spreadsheet that displayed the names of the total population; the people who were of interest for the purposes of the study (Pascoe, 2014:135-136) – that meant all professional nurses according to rank and ward at each hospital that participated in the study. Once institutional permission was granted to conduct the study, the researcher requested a list from the nursing service manager at each hospital. The list was a requirement as it was used to determine the total population at the time of data collection and the application of systematic random sampling.

Sampling: Sample size was not calculated based on statistical criteria because the objectives did not test specific hypotheses but were exploratory and descriptive in nature. Therefore, sample size was calculated on the basis of logistical criteria - meaning time, costs and the availability of participants. However, a representative sample from the population was ensured by using systematic random sampling and probability proportions as far as possible.

The proportions of the sample required from each hospital per province are displayed in Table 3.1. The proportion calculated per hospital reflects 29% of the total of nurses employed at each hospital; thus, a little less than one third of the total population per hospital. The proposed sample for Gauteng Province was n=500 and for the Western Cape Province n=400.

To provide for possible attrition and the possibility that some participants could decline participation, a third of the total population (33%) was selected at each hospital by means of systematic random sampling. Systematic random sampling was considered the most appropriate sampling method as it enabled the researcher to include every PN employed at the institutions that consented to participate in the study; irrespective of the ward of department that the PN was assigned to. Each professional nurse's name had an equal chance of being selected in the sample. The calculation was completed as follows with hospital D as an example: Hospital D, Gauteng had a total population of 75.

$$\text{Sample of population} = \text{Total population} \times 33\%$$

$$\text{Gauteng Hospital (D)} = 75 \times \frac{33}{100} = 25$$

$$\therefore \frac{75}{25} = 3, \text{ hence every 3rd name is to be selected.}$$

A starting point was randomly selected by making use of a third person to select a concealed number (1, 2 or 3) out of a bag. If for example the number 2 was selected, it means that the second name on the Excel sheet became the starting point and subsequently every third person's name was then selected. The process was repeated at each hospital.

Sampling: central hospitals: The nursing service managers at the central hospitals did not provide list of PNs but referred the researcher to the human resource department of the respective central hospital. The researcher was not allowed to have an electronic copy of the Excel spreadsheet but had to complete systematic random sampling in the presence of the human resource officials at both central hospitals and was then given a copy of the list reflecting the names of the PNs selected. These lists reflected the names of the PNs, ranks and the individual wards where the PNs were assigned to at the time.

Sampling: private hospitals- Western Cape: The human resource official of one hospital provided an electronic copy of the Excel sheet reflecting PNs employed at the hospital and the researcher completed sampling with the assistance of a colleague. Another hospital denied an electronic copy of the list but the nursing service manager herself assisted the researcher with applying systematic random sampling and provided a copy of the list that reflected the names, ranks and wards where the participants were assigned at the time. At the third hospital, the nursing service manager assigned a senior PN to assist the researcher with the sampling process. Again, an electronic copy was not provided and systematic sampling was applied in the presence of the senior PN and the researcher was given a copy of the list reflecting the names, ranks and wards where the participants were assigned to.

Sampling: private hospitals – Gauteng: Two nursing service managers supplied the researcher with electronic copies of Excel sheets reflecting the names, ranks and wards where the PNs were assigned at the respective hospitals. An independent experienced researcher with no connection to the facilities or participants per se assisted with the systematic random sampling in Gauteng. At the third hospital, the nursing service manager provided a hard copy reflecting the names, ranks and wards of PNs. The list did not reflect the wards chronologically. Subsequently it was difficult to complete systematic random sampling and data collection efficiently. This list was provided 6 weeks after the initial email request and a face-to-face interview where the sampling and data collection processes were explained to the nursing service manager. The researcher was therefore hesitant to request an electronic list that is sorted according to wards as it could have meant more delays with data collection. The list was therefore scanned, then saved in picture format, transformed to Excel after which the content was sorted according to wards. Only then systematic random sampling was applied.

Inclusion criteria – All PNs who were employed at the time of data collection at the eight (8) participating hospitals were included in the study.

Exclusion criteria – All PNs who were on annual or study leave at the time of data collection were excluded from the study.

Final sample – The final sample is displayed in Table 3.2. A total of 341 participants in the Western Cape consented to participate in the study and 294 (86%) questionnaires were returned. In Gauteng 347 participants consented to participate and 279 (80%) returned the questionnaires (see Table 3.2). The return rate for both provinces and therefore the study, is 83%.

3.6.3 Qualitative research

The population for the qualitative phase consisted of current leaders in nursing in South Africa and participants at hospital level who had experienced (successful or unsuccessful candidates) or have experience (the members of the selection panel) of the selection processes:

A - Current leaders (decision makers) in nursing in South Africa. The group represents nurses who hold chief executive positions in the academia, private and public health sector. They could have been from anywhere in South Africa and not necessarily the Western Cape and Gauteng provinces.

Selection: The group was included as it was believed that due to the position that the individual occupied, the person could make a meaningful contribution to what could influence the appointment of nurses in leadership positions. The participants were therefore purposefully selected for participation. The notion of maximum variation was considered to obtain a broader range of information and perspectives (Terre Blanche *et al.*, 2006:290). Therefore, to fit the context of the study, the researcher considered issues such as race, gender, private and public healthcare sectors, academia and legislative bodies. Subsequently, leaders were selected from various areas such as legislative bodies e.g. the South African Nursing Council, universities and the private and public healthcare sectors. The following nurse leaders were therefore selected after consensus was reached between the researcher and the study supervisor regarding the experience and possible contribution of each leader.

- an African male professional nurse who occupied an executive position at a central hospital,
- a White female nurse academic who had held an executive leadership position,
- an African female nurse academic who had held an executive leadership position,

- an Indian female nurse who had held an executive leadership position in the private healthcare sector and
- a White female nurse leader who occupied an executive position in the private healthcare sector

A second African female nurse leader who occupied a position on government level was identified. Recruitment was however unsuccessful as it was difficult to obtain the contact details of the person. A Coloured nurse leader was also identified. Recruitment however happened at hospital level due to her position as part of the selection team (**see following section B – Key role players**).

Recruitment: Each recruit was sent an invitation (see Annexure E) via email. Once the person agreed to participate, arrangements were made in terms of a venue and time that suited the schedule of the individual. All of the five (n=5) listed individuals accepted the invitation and participated in the study via an individual interview.

Total interviews per participant: The African male nurse executive was interviewed twice. The 1st interview happened upon meeting the participant and to confirm his participation. Although the interview was only meant for recruitment purposes it lasted 60 minutes. Since the content was valuable and suited the topic the researcher made reflective notes about the interview. The second interview also lasted 60 minutes and was recorded.

The White female nurse executive in the private healthcare sector was interviewed on three occasions. The first interview was for recruitment purposes; to establish support for the study due to the sensitive nature. Again, the information shared during this session was valuable and the researcher made reflective notes about the interview. The second interview was the official interview and lasted 75 minutes. The third interview clarified issues pertaining to the initial interview and lasted 20 minutes. One interview was conducted with the remaining members of this group. The duration of the interviews was between 60 -90 minutes and upon reflection appeared to be sufficient.

B – Key role players: That is, people who had experience of selecting nurses for promotion, or had the potential to be selected or who had participated in the selection processes of nurses to leadership positions in both the public and private sector hospitals in the Western Cape and Gauteng provinces. The key role players at each of the two public and six private hospitals consisted of:

- A successful and unsuccessful candidate who have experienced the selection processes of nurses into leadership positions
- One human resource officer who had been involved in the selection processes of nurses to leadership positions
- One person who chaired committees that appoint nurses to leadership positions
- Another member of the selection committee. Members of this category were deputy nurse managers, a regional human resource official who participated as part of the selection or interview panel, departmental nurse managers, and human resource officials who act as custodians for sound practices in the appointment process and more junior human resource officials who occasionally participated as part of the interview panel.

Subsequently a minimum of 5 (five) participants were interviewed at each hospital.

Selection strategy for key role players: A written invitation (see Annexure F) that explained the purpose of the study was placed on the notice boards of the wards, human resource offices, tea rooms and board rooms of the 1st institution where data collection was completed, inviting potential participants to participate in the study. The invitation stipulated the criteria for participation mentioned in the previous paragraph. The strategy appeared to be inefficient as there were no responses to the invitation after a period of four months. As a result, the human resource officials and nursing service managers at the various hospitals were approached for information regarding people who had participated in the selection process, at all subsequent hospitals. The human resource officials together with the nursing service managers then supplied the researcher with names and positions of people who had participated in the interview process. In addition, upon meeting successful and unsuccessful candidates whose names were supplied by the human resource officials and nursing service managers, these candidates provided information about who had interviewed them; therefore, adding to the list of possible key role players at the individual hospitals. Consequently, although participants were purposefully selected based on experience (De Vos, Strydom, Fouché & Delport, 2011:232) about appointing processes, network/snowball sampling was employed to obtain potential candidates.

Recruitment: All potential participants were then contacted via email or telephonically for appointments. Some did not have email addresses and were difficult to get hold of telephonically. In these cases, the researcher contacted the nurse in charge of a shift in the ward or the secretary and arranged a session to meet the candidate that suited the activities in the ward or department. Upon meeting the potential candidate, the researcher assessed whether the candidate fitted the position of key role player. The latter was necessary as a nursing service manager would recommend a potential candidate as a successful candidate

but upon meeting the person it sometimes became clear the successful candidate was an unsuccessful candidate. In other cases, a nursing service manager would indicate that a more junior nurse manager e.g. a unit manager had experience in the appointing of seniors; that the unit manager could therefore participate as a member of the selection committee. Upon meeting the unit manager, it often became clear that the person was involved only with the appointment of auxiliary staff. In such cases, further recruitment was necessary.

In addition, care was taken to consider race, gender and hierarchical issues as these issues fitted the context of the research framework that related to the intersection of race, class and gender. For that reason, unsuccessful candidates or successful candidates who could be White or African; human resource officials who could be male or female and nursing service managers and deputy nursing service managers.

Table 3.3: Total of participants and interviews in the Western Cape

WESTERN CAPE	Hospital A	Hospital C	Hospital E	Hospital G
Participants interviewed per hospital	6	5	4	5
Total participants interviewed	20			
Total number of interviews conducted per candidate				
Chair person	1	1	1	1
Human resource official	1	1	1	1
Another member of the selection committee	1	1	1	1
1 st Successful candidate	2	1	1	1
1 st Unsuccessful candidate	1	3	Refused participation	1
2 nd Unsuccessful candidate	1	Not applicable	Did not turn up for interview twice	Not applicable

Repetitive interviews: A total of 20 participants were interviewed at the participating hospitals in the Western Cape (see Table 3.3). The successful candidate at Hospital A was interviewed twice. The first interview happened upon recruitment; a face-to-face meeting granted by the person in charge of the department. The participant consented verbally to participate; spoke freely about her experience but did not allow the researcher to record the interview. An official interview was arranged at a venue suitable for the participant. Two unsuccessful candidates were recruited at Hospital A as is displayed in Table 3.3. Since the positions of the two candidates differed in terms of race and class it was deemed necessary to interview both. The interview process of the unsuccessful candidate at Hospital C was concluded over 3 sessions (see Table 3.3). The interviews were lengthy and after 90 minutes one or two of the interview questions were covered. Subsequently, a consensus was reached between the researcher and the participant to resume the interview at a time suitable to the participant.

The remaining 18 participants were interviewed once.

Table 3.4: Total of participants and interviews in the Gauteng Province

Gauteng	Hospital B	Hospital D	Hospital F	Hospital H
Participants interviewed per hospital	5	5	5	5
Total participants interviewed	20			
Total number of interviews conducted per candidate				
Chair person	2	2	2	2
Human resource official	1	1	1	1
Another member of the selection committee	1	1	Did not turn up for scheduled interview; did not respond to consecutive email	1
1 st Successful candidate	1	1	1	1
1 st Unsuccessful candidate	1	1	1	1
2 nd Unsuccessful candidate	Not applicable		1	Not applicable

The category and total number of participants that were interviewed in Gauteng are displayed in Table 3.4. A total of 20 participants were interviewed at the 4 participating hospitals in Gauteng (see Table 3.4).

Data saturation: A total of 45 individuals were therefore interviewed during the study. Data saturation occurred while completing data collection at the eighth and last hospital in Gauteng. Saturation of data surfaced in that a distinct information pattern surfaced. Most of the nursing service managers in both provinces and per sector demonstrated a distinct pattern pertaining to qualifications and competencies; how participants were shortlisted and what determined their final choice pertaining to the successful candidate. The information corresponded generally with the information received from the human resource officials. The information received during the interviews at the eight hospitals from the unsuccessful and successful candidates showed a distinct pattern. The sample of 45 was therefore deemed sufficient as no new information surfaced from the data. It was therefore concluded that data saturation was reached with the sample of 45 participants.

3.7 RIGOR

It was important to ensure that rigor, which is a way of demonstrating integrity and competence while conducting research and ensuring that the research process was indeed legitimate (Tobin & Begley, 2004:390), was maintained in both the quantitative and qualitative procedures. The following discussion therefore relates to efforts to enhance the rigor (i.e. reliability, validity and trustworthiness) of data collection instruments and methods that were used in the quantitative and qualitative parts of the study.

3.7.1 Quantitative data collection

Instrumentation: Instrumentation comprises of a questionnaire (Annexure A) that is based on the objectives of the study. The instrument has two (2) sections. Section A relates to demographic information to obtain details regarding the characteristics of the participants such

as race, qualifications, gender and location. Section B concerns the actual questions and relates to the directives of the EEA, the level of adherence by the hospital management as perceived by the respondents and questions pertaining to the intersecting influence of race, class and gender:

- Questions 1 and 2 reflect rating scale questions e.g. where participants have to rate racial relationships in the workplace since the implementation of the Employment Equity Act in 1998. Ratings vary from a -3 (worsened) to 0 (stayed the same) and then +3 (improved).
- Questions 3-7 are Likert scale questions. E.g. participants had to reflect on promotional opportunities in the workplace; whether promotional opportunities are open to all. They could choose between options such as: not at all, followed by slightly, then moderately and lastly absolutely.
- Question 8 is also a rating scale question and concerns stereotyping of abilities according to race. Ratings vary from -3 (less value), then 0 (neutral) and lastly +3 (more value).
- Question 9 concerns a dichotomous question; thus, a close-ended question with a yes or no answer. Question 9 has eight (8) sub-questions, all with yes or no as a response. Questions 10-12 are rating scale questions with responses ranging from not at all, slightly, moderately to extremely.
- Questions 13-14 are open-ended questions relating to developmental needs and personal obstacles relating to promotion.

Each question, except questions 13 and 14 (these are open-ended questions) has a sub-question, i.e. an open-ended question that allows the participant to relate/explain experiences not addressed in the initial question.

Development of the questionnaire: An existing questionnaire that addressed the intersection of race, class and gender on advancement and promotion could not be found. The supervisor was previously involved with research on PhD level pertaining to race, class and gender in the SA context. The researcher and study supervisor therefore developed the structured questionnaire over time and with careful consideration of the implied conceptual realities. Terre Blanche *et al.* (2006:149) are of the opinion that establishing content validity of an abstract construct such as subtle racism is not easy as the real content is vast and not restricted to what can be found in text books. Therefore, as advised by Terre Blanche *et al.* (2006:149) care was taken to explain and include the content area of the phenomenon under study. Concepts such as the Employment Equity Act, race, class and gender were explained to the reader on the first page of the questionnaire. Also, rating scale items were developed in relation to these concepts. All rating scale and Likert questions were accompanied by a sub-

question, the open-ended questions mentioned in the previous paragraph; thus, allowing the participant the opportunity to relate or explain his or her own experience.

Face and content validity: Since the study is based on the Theory of Intersectionality and the Standpoint Theory (see Chapters 1 and 2, Section on the theoretical framework) the concepts contained in these theories are reflected in the objectives of the study, the structured questionnaire (see Annexure A) and the interview guide (see Annexure B). Besides, in order to enhance adherence to detail and accuracy, the questionnaire has been developed with the assistance of staff at the Department of Industrial Psychology at Stellenbosch University who is responsible for human resource programmes. These programmes relate to the theoretical and practical aspects of the appointment and promotion of staff. Once the researcher and study supervisor were comfortable with the content of the questionnaire, it was also referred to the then head of the Department of Industrial Psychology at Stellenbosch University who restructured various questions to enhance both face and content validity.

Furthermore, the instrument explores concepts that relate to aspects of political science (EEA, race, class and gender). Consequently, to further ensure content validity; whether the instrument portrays all the components of the variable under study (Terre Blanche *et al.*, 2006:149), the instrument was reviewed by a well-known expert in political sciences at Stellenbosch University.

Pilot test: The self-report questionnaire was pre-tested to verify possible inaccuracies such as vague instructions and language as advised by Brink *et al.* (2012:175). The questionnaire was pre-tested on 15 November 2015 by ten (10) professional nurses (PN) employed at a large district hospital in the Cape Metropolitan Area. The data obtained via the pre-test were not included in the results of the actual study since the questionnaire had yet to be finalised.

The results of the pilot test revealed that Question no. A7 in section A seems confusing. A7 requested that participants declare their highest nursing qualification. The terms, highest nursing qualification, seemed to be confusing as some participants had a Bachelor's degree but also a semi-equivalent nursing diploma. Highest nursing qualification was therefore replaced with highest academic qualification. Other changes that were made post the pilot test related to grammatical errors that were subsequently corrected.

Reliability and validity: To enhance precision the data obtained via the questionnaire was analysed statistically by a qualified statistician employed at Stellenbosch University. The interrelatedness of the individual options contained in the Likert and rating scale questions (total of 9 questions) was determined and was found sufficient as the average Cronbach Alpha

per question was found to be .80 for most of the questions. However, Questions 6 and 8 had a Cronbach Alpha of .70 and .60 respectively. The Cronbach Alpha (internal consistency/interrelatedness among the items contained in a Likert scale question) should ideally be $> 0,70$ (Lo-Biondo-Wood & Haber, 2010:299). The Cronbach Alpha obtained for the individual scale questions are displayed in Table 3.5.

Table 3.5: Cronbach Alpha per question

Question	Cronbach Alpha
Question 1: influence of the EEA on race, gender and hierarchical relationships and promotion	.90
Question 2: Influence of promotion system per facility on race, gender, hierarchical relationships and fairness	.80
Question 3: Openness and fairness of promotional processes	.90
Question 4: Concerns about the influence of race, class, gender and the EEA	.77
Question 5: The extent to which the EEA is implemented in a facility	.80
Question 6: Assessing whether the promotional processes per facility reflect an over-consideration of a specific race	.70
Question 7.1: The influence of a middle-class background on promotion	.90
Question 7.2: The influence of a working-class background on promotion	.90
Question 8: Stereotyping of the abilities of nurses according to race	.60

3.8 QUALITATIVE DATA: TRUSTWORTHINESS

Trustworthiness concerns the efforts that were made to enhance the acceptability or legitimacy of the qualitative data such as using a semi-structured interview guide, the interviewing skills of the researcher and adhering to the philosophy of interpretive phenomenology (the hermeneutic circle). The truthfulness of the data was further strengthened by maintaining criteria such as credibility and transferability.

3.8.1 Semi structured interview guide

The interviews were conducted using a semi-structured interview guide. The semi-structured interview guide was used as it aided with consistency over the questions to be asked, to probe and obtain detailed information about the topic under study (Harrell & Bradley, 2009:35). The questions contained in the semi-structured guide are based on the third objective of the study (Watson et al. (2008:282). The focus of the questions related to the experiences of the participants regarding the practices imbedded in the selection processes of appointing nurses in leadership positions. The questions contained in the interview guide are broad and open-ended e.g. 'Tell me about your experiences when participating in the selection processes of nurses in leadership positions'.

3.8.2 Interviewing skills

The researcher, as an undergraduate student at the University of the Western Cape in 1984, received training on interviewing skills, utilizing Rogerian principles. Rogerian principles relate

to the technique of reflection which is explained in the section on 'Data collection'. The interviewing skills were enhanced in 2011 when the researcher completed a short course in qualitative research at Stellenbosch University.

3.8.3 The hermeneutic circle

Rigor in the analysis of data utilizing interpretive phenomenology does not relate to the principle of bracketing (Watson *et al.*, 2008:233; Mackey, 2005:182). It is however required that the researcher engage in a conversational style with the participant and that understanding and knowledge about the experience are co-created between the researcher and the participant (Watson *et al.*, 2008:282; Ajjawi & Higgs, 2007:619; Reiners, 2012:3). This sharing of knowledge between the researcher and the participants ultimately enlightens the experience of the participant since the researcher comes to understand the full hermeneutic circle. The hermeneutic circle encompasses the manner whereby the participant and the researcher initially understood the experience, what the participant expected and the inferences that the person has made about it (Watson *et al.*, 2008:282; Ajjawi & Higgs, 2007:619; Reiners, 2012:3).

Hermeneutic has been derived from the Greek word, 'hermeneueim' that means to understand. Hermeneutics is underpinned by the notion that the inquirer should elucidate the conditions that enable understanding (McManus Holroyd, 2007:1). The researcher clarified that it was necessary to engage in reflection about preconceived ideas on the topic that could have hindered or facilitated understanding. The researcher's experience taught her that in voicing her own preconceived ideas to participants the latter benefitted meaningfully from the discourse and sharing of different perspectives that followed.

Language opens access to meaning (McManus Holroyd, 2007:5) and the researcher valued the role language played in voicing ideas and sharing experiences. Most interviews in the Western Cape took place in Afrikaans as the participants spontaneously spoke Afrikaans. However, in Gauteng most interviews were conducted in English as the participants spontaneously communicated in English. Therefore, during each interview the researcher strived to, through the vehicle of language, engage meaningfully with the participant to ensure a thorough understanding of the experience, ultimately ensuring trustworthiness.

3.8.4 Transferability

The applicability of a study's findings, in another context, rests with the reader (Shenton, 2004:70). Consequently, to enable other researchers to use the findings in the context of their studies, the research report provides a description of the research process, stating clearly why

various decisions were made while conducting the study e.g. the inclusion of hospitals according to expanse and capacity; the inclusion or recruitment of a participant in terms of experience about the topic under study. Moreover, the report contains a detailed explanation of the settings e.g. the private and public sector and context within which the study was carried out, as proposed by Shenton (2004:70).

Transferability was further strengthened by means of the theoretical framework and the fact that concepts contained in the framework were used in the data collection and analysis processes (De Vos, Strydom, Fouché & Delport, 2005: 346). E.g. concepts such as race, class and gender were used in these processes.

3.8.5 Credibility

In order to enhance the truth value of the findings, efforts were made to provide each participant with a copy of the transcript reflecting the interview that was conducted. Participants could therefore assess the authenticity of the content of the transcript. However, various participants were not available for member-checking, some had resigned from their previous jobs, some had retired while some did not respond to the researcher's efforts to contact them. Nonetheless, practicing the technique of reflection during interviews granted the researcher the opportunity to confirm a clear understanding of the lived experience of the participant. The researcher also remained close to the verbatim text and refrained from over- and- or -under interpretation of the voice of participants. Moreover, the transcripts are encrypted with codes and available upon request should these participants come forward and request verifications of quotes.

In the current study the quantitative data, the data derived from the responses to the open-ended questions and the interview data were triangulated. Integration of these data sets provided findings that were considered as more accurate. Furthermore, triangulation in terms of different methods contributed to ensuring consistency of data findings across these methods (Fetters, Curry & Creswell, 2013: 10).

3.9 ETHICAL CONSIDERATIONS

3.9.1 Ethical clearance and institutional permission

Ethical clearance was obtained from the Health Research Ethics Committee of Stellenbosch University (see Annexure J). Thereafter the proposal and questionnaire were loaded on the National Research Database and permission was obtained to complete the pilot test at a district hospital in the Western Cape. Institutional permission was also granted by the chief executive officers of the two central hospitals (public sector) and the managers of the private hospital groups. Written informed consent to participate in the study was obtained from each

individual participant (see Annexure C). Informed written consent was obtained for the audio recording of the interviews (see Annexure D). The consent forms (see Annexure C and D) are available in Isi Xhosa, English and Afrikaans.

3.9.2 Protecting participants from harm, discomfort

Various concepts contained in this study such as race, discrimination and oppression amongst others, are viewed as sensitive (Edmondson, 2012:341; Ross, 2008:4), since the recipient tends to evaluate how these concepts relate to or might influence themselves (Ross, 2008:4). Therefore, excessive use of these terms creates tension and discomfort (Edmondson, 2012:341; Ross, 2008:4). Moreover, a fundamental principle of research is to do what is good and not to cause harm ((Lo-Biondo-Wood & Haber, 2010:253). Therefore, the researcher, in her quest to explore the objectives of the study, was careful about using terms that could offend or hurt participants. Moreover, the researcher endeavoured to establish a trusting relationship with the participants through displaying genuineness, honesty and showing unconditional positive regard towards participants (Boeree, 2006).

The possibility existed that some participants might experience discomfort or become emotional during the interviews. As interpretive phenomenology assists with reflection and understanding experiences by showing empathy and sympathy, the researcher allowed participants to unpack these emotions through empathic discourse as advised by Van Manen (2007:20-24). Subsequently participants were allowed to postpone an interview, or the recording of an interview only commenced once the participant allowed it to happen. One unsuccessful candidate for example talked at length about her experiences of being unsuccessful. The researcher did not interrupt the participant, but rather allowed her to verbalise her thoughts and feelings while the researcher summarised and reflected upon her story and experiences; showing unconditional positive regard and assisting through empathic discourse. This particular participant had a total of three interviews. Participants who remained emotional or uncomfortable would have been assisted to identify a suitable therapist who would assist them further. None of the participants appeared to remain uncomfortable and confirmed verbally that they were comfortable.

Sensitivity to the participant's feelings is aligned with the right to self-determination; that individuals should not be coerced to participate in a study but participants should participate voluntarily. Therefore, individuals were allowed to withdraw from the study at any stage during the course of the study (Lo-Biondo-Wood & Haber, 2010:252). The participant's decision to participate or decline participation or withdraw from the study (after they had consented to participate) was respected. One human resource officer and one unsuccessful candidate who

initially consented verbally to participate did not arrive for their scheduled interviews and did not respond to follow-up emails or messages. Their actions were therefore respected and they were not contacted again.

3.9.3 Anonymity and confidentiality

In an effort to affirm the basic principle of not causing harm, the researcher strived to create a sound working relationship with the target population, that is, the public and private sector hospitals. Consequently, the researcher adhered to the principle of respect, which encompasses anonymity and confidentiality. The identity of the subjects and the institutions involved are not linked to the information that they have provided and the researcher strived to prevent a potentially harmful situation for the institution or persons involved. Moreover, unauthorised persons do not have access to the data as advised by Lo-Biondo-Wood and Haber (2010:253). The names of the participating hospitals will not be revealed. Each hospital is identified by a code e.g. Hospital A or Hospital B. Participants who participated in the qualitative phase were informed that the audio recordings of the interviews and the electronic transcripts of the interviews are nameless; therefore, codes and aliases were used e.g. Hospital B: unsuccessful candidate. Moreover, no data contained in the final report may be identified as being from an individual or organization. For example, no reference is made to an individual hospital but reference is restricted to either the private or public sector. Since some hospitals could be identified by the geographic location of the hospital, where deemed necessary, the description of the location was omitted from the thesis in an effort to protect the identity of the institution.

Furthermore, the data gathered will only be available to the researcher and the supervisor involved in the study. Electronic data such as the audio recordings and transcripts are encrypted with a password ultimately ensuring anonymity, confidentiality and privacy of information. The latter will be destroyed after a period of five years. The questionnaires are kept in a locked safe for a period of 5 years. Moreover, personal information of participants will not be shared without the permission or against the will of the participants, ultimately ensuring their right to privacy as advised by Lo-Biondo-Wood and Haber (2010:252).

3.10 DATA COLLECTION

Data collection commenced once ethical clearance and institutional approval were granted, and was conducted by the researcher. However, with regard to the quantitative part, different arrangements were made for speciality units such as theatre and neonatal critical care units as these were considered risky and required infection control measures. Depending on the

departmental manager of these units at individual hospitals, data collection was completed by the nurse manager or the researcher.

3.10.1 Ethical clearance and institutional permission

Ethical clearance was granted on 01 July 2015 (see Table 3.5). Institutional permission to conduct the pilot test (for the questionnaire of the quantitative part) at a district hospital were granted rather late, November 2015, four (4) months after the application was completed. Institutional permission from the various private healthcare companies and public sector hospitals were granted at different times. Although certain companies and public sector hospitals granted institutional permission as early as August 2015, the researcher could not complete both qualitative and quantitative data collection processes concurrently since institutional permission from the district hospital to conduct the pilot test were granted later, in November 2015. The process to commence data collection concurrently was therefore prolonged. The researcher however commenced with data collection for the qualitative part of the study in August 2015 in the WC at hospitals that had granted institutional permission.

Data were not collected between 15 December 2015 and 20 January 2016 as it was assumed that the hospitals were busy due to the festive season and some core staff members and potential candidates might be on holiday. The data collection processes resumed in the last week of January 2016. Since the questionnaire was finalised (the pilot test was completed and the questionnaire adjusted) data collection was limited to one hospital at a time and qualitative and quantitative data collected concurrently at each hospital. Data collection in the WC was completed in May 2016. Data collection in Gauteng commenced in the 4th week of May 2016 and was completed by the 1st week of September 2016.

Table 3.6: Ethical clearance and institutional permission

Institutional permission	Date granted	Date data collection commenced
Central hospital WC	22/07/2015	20/08/2015
Central hospital GP	26/02/2016	23/05/2016
District Hospital for pilot test of questionnaire	12/11/2015	15/11/2015
Private hospital group 1	29/07/2015	17/09/2015
Private hospital group 2	28/09/2015	07/10/2015
Private hospital group 3	29/07/2015	30/10/2015

3.10.2 Data collection: Recruitment and collection processes, meeting the gatekeepers

The nursing service managers at the private and public sector hospitals were contacted via email and interviews were scheduled with the nurse managers to explain the details of the study and to establish a working relationship at the various hospitals. During the interviews with the nurse managers the researcher explained details of the study such as how many

interviews had to be conducted, who would serve as a contact person at the hospital (depended on what the nurse manager approved of in this regard), the names and contact details of potential successful, unsuccessful candidates and human resource officials who had participated in the process of selecting nurse managers. Furthermore, the quantitative process was also explained and the need for an Excel sheet reflecting the names of all professional nurses employed at the hospital per ward or division, was communicated. The process differed to some extent per hospital as some nursing service managers were quick to respond to emails and others, not; some requested more information and others merely assigned a contact person who then contacted the researcher. In addition, the researcher requested the support of the nurse managers for the reason that they informed the unit managers at ward level of the purpose of the data collection processes.

3.10.3 Data collection: the quantitative part

The following recruitment process was followed at each hospital, both the private and public sector and both provinces (sampling was explained in Section 3.6):

The researcher reported her presence to the unit manager or person in command of a shift and requested their input as to a suitable time and date to recruit the individual participants. In cases where the ward was not that busy the unit manager or shift leader allowed the researcher to approach participants. Participants who consented to participate were handed an envelope that contained two (2) consent forms and the questionnaire. Once the consent forms were signed, the researcher took the original signed copy and handed the participant the other copy. Participants were informed that the researcher herself would collect the questionnaires on their next shift.

3.10.3.1 Speciality units

Due to the possibility of nosocomial infection data collection in speciality areas such as the theatre was completed by the departmental nurse manager or unit manager. Data collection in neonatal units was at times completed by the researcher and in some instances the unit manager preferred to complete same herself as a preventative measure. Although most unit managers and the departmental nurse managers were in possession of postgraduate qualifications and therefore knowledgeable about ethics in research, the researcher provided a brief talk about voluntary participation and maintaining anonymity and confidentiality. The brief talk about ethical principles was considered important since, although the participants were selected by means of systematic random sampling, they should not be forced to participate in the study. Furthermore, the completed questionnaires remained nameless, were placed in the envelope and sealed; then placed in a drop box provided by the researcher. Moreover, a different drop box was provided for the consent forms to further ensure anonymity

and confidentiality. Participants who were uncomfortable about depositing the questionnaire in the drop box were allowed to contact the researcher who then collected it personally from them.

3.10.3.2 Different environment – public hospital Gauteng

The data collection process at this public hospital were similar to the processes that followed at the other hospitals (explained in Section 3.10.2). However, the head of nursing at the time did not approve that the researcher visited the wards on her own for data collection purposes. A unit manager who worked in the capacity of a human resource official was assigned to assist the researcher with the systematic random sampling process, finding her way around the hospital and to accompany the researcher in the wards to recruit participants. Furthermore, the nursing service manager did not approve that the researcher visited the hospital at night to recruit the night staff as she regarded the environment at night as unsafe. The wards were on one level but were separate buildings located over a wide geographical area. Instead, the nursing service manager recruited a departmental nursing service manager to recruit the sampled PNs who worked night duty. This specific departmental nursing service manager obtained her master's degree in nursing the previous year and was therefore familiar with the research process.

The hospital appeared to be very busy and the researcher was requested to postpone visits to medical wards several times. The unit manager who was assigned to accompany the researcher on visits to the wards was only available during the first two weeks of the data collection process. When visiting the wards alone some staff members in certain wards were perceived to be somewhat antagonistic. For example, they ignored the researcher and did not acknowledge her presence. One professional nurse shouted: "talk, talk, talk!" The situation was managed by remaining calm, enhancing efforts to be friendly and requesting to see the unit manager. Once the unit manager was available, the researcher did not refer to the somewhat negative reaction of some staff members but focussed on explaining her presence and how to make contact with the sampled PNs. Most unit managers were friendly and cooperative.

3.10.4 Data collection - qualitative part, the interviews

All participants, irrespective of the specific sector - public or private - were interviewed at a time, date and venue suitable to them. Interviews lasted between 60-90 minutes.

In general, most of the participants were in managerial positions and therefore had their own offices. Subsequently, the interviews were conducted primarily in the offices of the participants. Participants who did not have offices were those who were not in managerial positions, e.g. an unsuccessful candidate, a professional nurse who aspired to be a junior- or

unit-manager. In these cases, the participants preferred to be interviewed in an empty room in the ward.

The participants at the central hospital in the WC preferred different venues e.g. the office of the researcher, others preferred their own offices while one wanted to be interviewed in a quiet corner of the general tea room. The choice of venue suggested a possibility that they wished to keep their participation in the study to be more private.

3.10.4.1 Equipment

Two recording devices were used in all interviews e.g. a Phillips recorder and a smartphone or a Phillips recorder and a tablet. The use of two devices was considered necessary to prevent the loss of information due to technicalities i.e. to provide a back-up should one of the devices fail to record the interview. To prevent any discomfort, the participants were informed about the reason behind the use of two devices.

3.10.4.2 Interview method

The interviews were conducted by utilizing the technique of reflection explained by Carl Rogers (Boeree, 2006). The technique of reflection requires that the interviewer practices sound listening skills, summarizes and reflects the message of the participant; giving it back to the person and not ask question after question. Interviewees are therefore granted the opportunity to view their own experiences or expressions again and more clearly, such as through a mirror. In addition, by summarizing and reflecting upon the message of the participant, the interviewer displays understanding of the participant's experience. The interviewer accordingly pays attention to the issues the interviewee is discussing, often testing their own, the interviewer's understanding of the interviewee by restating or clarifying what the interviewee has said.

This process tends to encourage the interviewee to build on the thoughts and feelings they had just expressed and to explore further. Furthermore, in an effort to deepen understanding of the participant's experiences, the researcher refrained from exerting power but practiced Rogerian interview principles such as respect and acceptance of the participant, empathy (feel what the participant feels) and genuineness (Heffner, 2017). Rogers was of the opinion that interviewers who maintain these principles are more successful (Boeree, 2006). The researcher therefore strived to maintain a safe environment during the interviewing process, thereby encouraging the participants to share their experiences, opinions. Interviews usually commenced once the interviewee was comfortable and sitting. The researcher then posed the first question, 'Tell me about your experiences when participating in the selection processes of nurses'. The question was often phrased in a more simplistic way such as, 'could you talk

about the times when you had participated in the interview process, whether it be as a chairperson or a potential candidate?’

3.11 DATA ANALYSIS

3.11.1 The quantitative part

The data was analysed with a statistical analysis software namely Statistical Programs for Social Sciences (SPSS) Version 24, with the assistance of a statistician. The raw data contained in the questionnaires completed by the participants, was converted to electronic format by capturing the data from the questionnaires on the SPSS spreadsheet.

Descriptive statistics were used to describe and summarise demographic data, meaning: 1) categorical variables that are nominal such as race and gender, 2) categorical variables that are ordinal, i.e. educational level, and ranks such as deputy nurse manager and operational manager and 3) numerical data (continuous data) such as age. The data is exhibited as frequency tables, graphs and boxplots.

The responses to each question were compared with 1) race, 2) gender and 3) position (class). Concepts such as race, class and gender are fundamental to the framework of the study. It was therefore important to determine how the various race groups, males and females as well as managers and followers answered the questions; to assess variation in responses in terms of these concepts. The following statistical test was used to determine statistically significant differences among the responses in terms of race, class and gender:

The Kruskal-Wallis test was used to compare the scores or responses for three or more groups such as the race groups i.e. Africans, Coloureds, Indians and Whites. The scores (continuous variables) were therefore rank-ordered and the mean rank for each group was compared (Pallant, 2013:240-241). Race was therefore the categorical variable while the scores of the possible responses e.g. 1, 2, 3, -1, -2, -3 and 0 (reflecting on page 6 on the questionnaire), were the continuous variables.

The Mann-Whitney U test was used to compare the scores or responses of two independent groups such as gender (male and female) and position/class (managers and followers i.e. the professional nurses) with a continuous variable (Pallant, 2013:236-237) i.e. the scores of the possible responses e.g. 1, 2, 3, -1, -2, -3 and 0.

The Chi-square test was used to explore if a relationship exists between two categorical variables that have more categories within each i.e. the observed frequencies related to each category such as gender (male/female) and experiences of racism (yes/no answers). The chi-square was reported in cases where the expected frequency per cell was at least 5 or more.

In cases where the expected frequencies per cell were less than 5 the **Fisher exact test** was applied (Pallant, 2013:226-227). The Fisher exact test was developed for cases where the expected frequencies were too low; less than 5 per cell, in other words, smaller samples (Field, 2013:723) as was the case with some of the responses to the sub-questions of Question 9 in the questionnaire.

Inferences were made from the sample statistics to the larger populations of private and public sectors hospitals utilising 95% confidence intervals.

3.11.2 The qualitative part

The qualitative part relates to the data obtained via the open-ended questions contained in the questionnaires and the transcripts of the individual interviews.

3.11.2.1 Open-ended questions

Responses to the open-ended questions in the questionnaire were analysed qualitatively using Atlas.ti software version 8. The data analysis process described by Terre Blanche, Durrheim and Painter (2006:322-326) was employed. This approach was used as it allowed the researcher to stay close to the data and analyse the data according to the meaning that naturally flowed. The data contained in the open-ended responses were mere text as the researcher did not interview the participants and was not able to discuss it with them. Subsequently the principle of bracketing was applied as the researcher endeavoured to bracket her preconceived ideas on the topic under study and focused on the natural meaning that underlies the text. The data gathered through interviews (discussed later) was analysed differently as the researcher knew the participants and could clarify uncertainties. The analysis process described by Terre Blanche, Durrheim and Painter (2006:322-326) entails the following steps: familiarisation and immersion, inducing themes, coding, elaboration and interpretation and checking.

Familiarisation and immersion: Subsequently the responses were read repeatedly and the context of the sector considered e.g. private sector or public sector observation. Moreover, the researcher considered the afore-mentioned question of the specific open-ended question. For example, most questions had a sub-question and/or an open-ended question where the participant could elaborate on the initial question (see Annexure A) Thus extending how the comment relates to the initial question and what the participant elaborates on. The latter was necessary as some participants wrote cryptic e.g. 'has worsened: nepotism and favouritism take place'. The initial question in this case concerned fairness with promotion. Therefore, by considering the initial question it was clear the participant explained that she experienced decreased impartiality in terms of promotion.

Inducing themes: Through repeated readings of the text the researcher was able to see the basic meaning of the text or comment; the messages that the text or comments were trying to convey and categorise the information or data accordingly.

Coding: Coding goes hand in hand with the development of themes and related to the act of marking or labelling a piece of text as it related to a theme; thus, assessing where the labelled pieces of text fitted e.g. the comment 'has worsened: nepotism and favouritism take place' is labelled 'less fairness' and belonged to a theme 'fairness'.

Elaboration: The various themes and pieces of text were checked for relationships and themes were explored more closely.

Interpretation and checking: The phase relates to the final checking of how the data was interpreted; the correctness thereof ensuring that data was not misconstrued.

3.11.2.2 Analysis of the transcripts

Transcripts were analysed with Atlas.ti software version 8. Data was analysed according to the interpretive analysis framework described by Ajjawi and Higgs (2007:621-622). The framework consists of 6 stages.

Stage 1 - Immersion: This stage concerns the iterative readings of the texts. Since the interviews were transcribed by a transcriptionist some pieces of text did not always make sense due to areas of the recording that were less audible. In these cases, the researcher who completed all the interviews herself, listened to the recordings again and pondered on what was actually discussed; thus, enhancing clarity. Therefore, the field notes that were completed during the process leading to the interviews and the actual interview, as well as the transcripts of the interviews, were considered during the analysis. The researcher read and reread the field notes and the transcripts in an effort to become familiar with the text as advised by Ajjawi and Higgs (2007:623). The iterative readings of the texts and re-listening to the recordings enhanced interpretation of the text prior the coding process.

Stage 2 - Understanding; Identifying first order constructs: First order constructs, which were the ideas expressed by participants reflecting the actual message they were trying to convey (Ajjawi & Higgs, 2007:624), were identified in the respective interviews and transcripts. The researcher continuously checked her understanding of these constructs against what was reflected in all interviews together and individually, as proposed by Ajjawi and Higgs (2007:624). In addition, the researcher employed the technique of reflection described by Carl Rogers (Boeree, 2006) whereby, during the interview, the information provided by participants were summarised and redirected to them. The latter was aligned to member checking, whereby the researcher confirms her own understanding of the participants' experience with

the respective participant. Furthermore, the data in all transcripts was coded using Atlas.ti software version 8. The coding of data, i.e. the labelling of pieces of texts, enhanced the researcher's understanding of the information provided by the participants.

Stage 3 - Abstraction; Identifying second order constructs and grouping to create themes and subthemes: Second order constructs were produced by integrating the personal knowledge with the first order constructs (the actual message of the participant). The latter relates to the need for the researcher to engage in a conversation with the participant whereby the experiences of the researcher, as it relates to what the participant experienced, were shared with the participant. The sharing of experiences allowed a clearer understanding of an occurrence pertaining to the appointment processes. During the coding process the experiences of the researcher that were found to align with the first order construct was acknowledged. The second order constructs thus flowed from the first order constructs. Subsequently, a computer file was created i.e. a family of constructs as it related to one interview. The constructs within one family reflected the first order constructs as labels or codes and the second order constructs and other related wording e.g. memos of literature aligned with it. These families of constructs per interview were compared with one another and similar constructs were grouped together to reduce the number of constructs.

Stage 4 - Synthesis and theme development: Themes were developed from the results of stages 1-3 of the analysis. The second order constructs were grouped into a smaller number of broad themes that stemmed from the data obtained from all the participants. From these broad themes specific themes and subthemes (unpacking the specific theme) were developed. The themes and subthemes were further detailed by reading and re-reading the data, continuously moving backwards and forwards between the literature, the transcripts, field notes and the first and second order constructs.

Stage 5 - Illuminating and illustrating the phenomenon: This stage entailed examining how the literature related to the themes and sub-themes of the entire data. The themes, subthemes and the interrelationships served as a basis to construct the participants' experiences (using their own words) about the selection practices of appointing nurses in leadership positions. Therefore, the entire experiences of the participants and the key findings were illuminated. During this stage an assessment was made to determine how the main themes supported the development of a framework to facilitate the appointment of nurses in leadership positions.

Stage 6 – Integration; Testing and refining the themes: The final themes were critically reviewed by the researcher and the supervisor involved in the study. This final critical evaluation of the themes was completed against the literature review. The researcher explored

the literature for key developments that may decrease or increase her understanding of the phenomenon.

3.12 INTEGRATING THE FINDINGS THROUGH THE DEVELOPMENT OF META-INFERENCES

The integration of the findings from the quantitative and qualitative research processes of the mixed methods design occurred through the development of inferences and meta-inferences, meaning theoretical statements. The meta-inferences were inferred from quantitative and qualitative findings and provided a more holistic explanation of the phenomenon of interest (Venkatesh, Brown & Bala, 2013:40), meaning the influence of the EEA, race, class and gender on the appointment of nurses in leadership positions. The authors relate that the process of developing meta-inferences is fundamentally similar to the process of theory development from observations. In the case of mixed methods research the observations relate to the findings or data of the qualitative and quantitative research processes. The data consequently represents the building blocks of the theory or meta-inference. It is therefore required that the two sets of data be closely examined for connectedness; how the two sets of data relate to each other. Furthermore, it is required that the data be thoroughly inspected for contradictions. In addition, the researcher also has to seek consensus between two sets of findings. This process explained by Venkatesch *et al.* (2013:38-39) was applied as follows:

The quantitative and qualitative findings were summarised and listed separately (see Chapter 7, Sections 7.3 and 7.4 respectively). Thereafter the data was re-organised according the underlying framework of the study i.e. both sets of data were separately organised according to race, class and gender (Annexure I: Table 7.1 and Table 7.2 respectively). Then the two sets of data were closely examined for connectedness, opposing findings and areas where consensus could be reached. These areas of connectedness, opposing findings and areas where consensus could be reached were then grouped into separate themes within the groupings of race, class and gender. The themes were displayed in tables that illustrated the quantitative and qualitative data alongside each other, ultimately reflecting the meta-inference that emerged from each theme (see Chapter 7, Tables 7.3-7.6). Moreover, the researcher considered the overarching goal of developing meta-inferences, i.e. an in-depth theoretical understanding about the phenomenon of interest (Venkatesh *et al.*, 2013:40). Subsequently, the researcher re-checked the validity of each meta-inference, searched the two sets of findings for information that might have been over-looked and discussed uncertainties pertaining to individual inferences and meta-inferences with the supervisor involved in the study.

3.13 DEVELOPING THE FRAMEWORK

The framework was developed from the meta-inferences (integrated findings) utilizing the steps proposed by Meleis (2012:381-389). The steps are not linear and some tend to take place simultaneously. The steps were applied as follows:

Sensing and taking in a phenomenon/idea: Identify ideas, phenomena that stems from the findings; delineate events that have the potential to demonstrate the phenomenon.

This step relates to the development of separate set of inferences pertaining to quantitative and qualitative data.

Describing the phenomenon: Describe the occurrence and boundaries, how it fits into the larger context of the study, the function thereof, associated factors and patterns of behaviour. *At this stage the inferences pertaining to each set of data, were organised according to the framework underlying the study.*

Labelling the phenomenon: Serves to reduce the phenomenon to a concept or statement; to define the correct definition thereof

Reflects the themes that were inferred within the clusters of race, class and gender, of each set of data e.g. similar, opposing and diverging themes alongside each other in groupings pertaining to either quantitative or qualitative.

Develop the concept: The concept tends to emerge through the pre-described process.

Abductive reasoning was applied whereby the researcher reflected on both sets of inferences and was able to integrate the data from both sets i.e. qualitative and quantitative findings.

Develop a statement: Organise propositions around the central concepts derived from the meta-inferences; as it relates to objectives of the study.

The meta-inference is concluded and explained.

Explicating assumptions: Entails continuous reflection and the questioning of implicit and explicit assumptions meaning the views of the researcher, the findings and the theoretical underpinnings.

Producing the final product; that is the framework through continuous reflection; ensuring the authenticity thereof; that it is supported by the data.

Sharing and communicating: Arranging meetings with experts in the field to review and discuss aspects of, and the process of framework development as a whole.

In the context of the study this step concerns the validation of the framework, i.e. the quality imbedded in the process of framework development. The quality therefore relates to design quality, i.e. the appropriateness of the cross-sectional survey and interpretive phenomenology. Quality was also imbedded in both quantitative (systematic random sampling to enhance external validity, the validity of the tool and the use of inferential statistics) and qualitative approaches (maintaining the underlying philosophy, the interviewing skills of the researcher, the use of member-checking and providing thick descriptions of the setting and context of the study). Quality was further enhanced through the use of appropriate analytic procedures i.e. statistical software e.g. SPSS (the quantitative analysis) and Atlas.ti software (the qualitative analysis).

The validation of the framework also relates to credibility of the inferences. The inferences derived from the quantitative part is supported by the findings and the underlying theory. The findings of this part of the study were also linked with supporting literature (reflected in Chapter 6). The inferences of the qualitative part are also supported by the data and is evident in the verbatim quotes, the thick descriptions of research processes that followed such as the technique of reflection to ensure that the message of the participant is understood. The quality of the meta-inferences is further enhanced by the display of data across the two sets that are similar, opposing and divergent. The display of the findings as such confirmed the applicability of the mixed methods design in that the design assisted in providing a more complete picture of the phenomenon (Venkatesh *et al.*, 2013:44) e.g. findings from the quantitative part would indicate that relationships in the workplace had improved post the implementation of the EEA while the qualitative responses revealed racial conflict in the workplace.

3.14 SUMMARY

The study employed a concurrent mixed method design comprising quantitative and qualitative procedures. To accommodate the combination of singular (quantitative) and multiple (qualitative) realities in one study pragmatism was used as a paradigm. Furthermore, the study was conducted in public and private sector hospitals in the Western Cape and Gauteng provinces. The population included registered professional nurses employed at 8 hospitals; comprising 6 private hospitals (3 per province) and 2 public hospitals (01 per province). The final sample for the quantitative part was $n=573$ with an 83% return rate. The final sample of the qualitative part is $n=45$. The data from the quantitative and qualitative procedures was integrated through the development of meta-inferences. Thereafter the data was used to develop the framework through a process of concept development. The quantitative findings are presented in the following chapter.

CHAPTER 4

QUANTITATIVE RESULTS

4.1 INTRODUCTION

Chapter 4 contains a presentation of the results of the quantitative part of the study. The results are discussed and displayed according to the format contained in the questionnaire (see Annexure A). The questionnaire has 2 sections. Section A relates to the biographical data and Section B to the actual questions. The questions contained in the questionnaire were described in Chapter 3. The statistical methods used to analyse the data were also discussed in the same chapter. The results are presented in graphs, table format and boxplots with values rounded to the second decimal. Statistical significant values and other numerical values of importance, e.g. high neutral values, presented in the tables have been highlighted to emphasize the importance thereof.

4.2 SECTION A: BIOGRAPHICAL DATA

The biographical data (A1-A7 on the questionnaire) is organised in nominal data that is categorical data such as male or female, and continuous data, meaning data such as age (Pallant, 2013:57-58). The nominal data is displayed in Table 4.1 and the continuous data in Table 4.2.

Table 4.1: Nominal data

Variable	Frequency / n	Percentage / %		
A1.1: Gender (n=566)				
Male	50	8.8		
Female	516	91.2		
A2: Race (n=561)				
African	266	47.2		
Coloured	185	33		
Indian	12	2.1		
White	98	17.4		
Other	2	0.4		
A3: Health sector (n=563)				
Public	295	52.4		
Private	268	47.6		
A4: Current position (n=539)				
Professional nurse	461	85.5		
Operational manager	77	14.3		
Assistant nursing manager	1	0.2		
A6: Basic nursing qualification (n=561)				
Bachelor's degree	115	20.5		
Diploma	446	79.5		
A7: Highest academic qualification				
Undergraduate: (n=516)				
Degree	116	22.5		
Diploma	400	77.5		
Postgraduate qualifications: (n=294)				
BaCur (postgraduate degree)	65	22.1		
Postgraduate diploma	198	67.3		
Honour's degree	21	7.1		
Master's degree	9	3.1		
PhD	1	0.3		
Breakdown of postgraduate qualifications per race: (n=294)				
Qualification	African	Coloured	Indian	White
Postgraduate diploma	83	74	3	36
BaCur (postgraduate degree)	48	8	none	11
Honour's degree	10	9	none	2
Master's degree	6	none	none	3
PhD	none	none	none	1

Table 4.2: Continuous data

Variable	Years
A1.2: Age	
Mean	44.24
Standard deviation	10.55
Minimum	24
Maximum	67
A5: Years working in this institution	
Mean	12.34
Median	8.0
Standard deviation	10.65
Minimum	0.03
Maximum	43

The majority of the participants were females (n=516, 91.2%) with a mean age of 44. The standard deviation of 10.5 from the mean, suggesting a fair spread of the ages of the participants. Furthermore, the majority of the race groups that participated in the survey were Africans (n= 266, 47.2%) followed by Coloured (n=185, 33%) and White (n=98, 17.4%) and lastly Indian (n=12, 2.1%). However, the difference between the number of participants in the public sector and those in the private sector was not significant, with the public health sector having n=295 (52.4%) participants and private health sector n=268 (47.6%) participants. Most

of the participants were professional nurses (n=461, 85.5%) while a smaller number was made up of operational or unit managers (n=77, 14.3%). One participant occupying the position of assistant nursing manager (n=1, 0.2%), also completed the questionnaire. It was established that the average number of years that participants had worked at particular institutions were 12, with the minimum work period being less than 1 year and the maximum work period being 43 years.

With regard to academic qualifications, the majority of participants had diplomas (n=446/79.5%) as basic nursing qualifications while n=115, 20.5%, indicated that they had undergraduate bachelor's degrees in nursing (see Table 4.1). In addition, the category of the highest academic qualification was included to accommodate participants who were in possession of degrees in a discipline other than nursing. Academically the participants, n=516, 100%, indicated that they had undergraduate qualifications in the form of diplomas (n=400, 77.5%) and degrees (n=116, 22.5%). In terms of postgraduate qualifications n=65 (22.1%), participants indicated that they were in possession of postgraduate degrees while the majority (n=198, 67.3%) had postgraduate diplomas. Fewer participants, n=21, 7.1%, had Honour's degrees, followed by n=9, 3.1% who had Master's degrees; and n=1, 0.3% who had a doctorate in nursing.

Background information against which data from the open-ended responses was interpreted. The researcher observed differences in the race and gender profile of managers within and across the facilities included in the study. For example, during the period 2013-2014, all the senior managerial figures at the participating hospitals that the researcher corresponded with and visited for data collection purposes, were White individuals. During the time of data collection, 2015-2016, demographic changes were noted as various senior managerial figures were then people of colour. It is therefore important to note that these profiles are not static.

4.3 SECTION B: EMPLOYMENT EQUITY ACT, RACE, CLASS AND GENDER

The 14 questions addressed in Section B concern the first two objectives of the study, i.e. exploring the:

- Influence of the EEA on the appointment of nurses in leadership positions, and
- Views of nurses regarding the influence of race, class and gender in the appointment of nurses in leadership positions

Since the study is underpinned by the Theory of Intersectionality (the intersection of race, class and gender) all the numerical responses were compared to race, class (position – in the context of the questionnaire) and gender. The discussion of the results commences with

reporting the frequencies of the responses, followed by results reflecting the comparison with 1) race, 2) position and 3) gender.

The Kruskal-Wallis test was used to compare the scores/responses for three or more groups such as the race groups i.e. Africans, Coloureds, Indians and Whites.

The Mann-Whitney U test was used to compare the responses of participants in terms of gender (male and female). **The Mann-Whitney U test** was also used to compare the responses in terms of position/class i.e. managers and followers. The use of these tests was discussed in Chapter 3.

The results reflecting frequencies are illustrated in graphs and are therefore reported in a descriptive way in the event that there is an improvement or worsening of a variable. The descriptions in most cases are aligned with the wording in the Likert or rating scale as contained in the questionnaire e.g. 'improvement', 'worsen' 'slightly', 'moderately'. The frequency results reflecting real numbers are tabulated, however, these tables are not presented in Chapter 4 but are contained in Annexure H. The results reflecting statistically significant values regarding comparisons relating to race, gender (male/female) and class (hierarchical positions such as professional nurse/PN and operational manager/OPM) are tabulated. The tables are also available in Annexure H.

Terminology to be considered in the discussion: A unit manager is the term assigned to a ward manager in the private sector. In the public sector the ward manager is referred to as an operational manager. The term, operational manager is used in the questionnaire. However, the responses of the participants to the open-ended questions (verbatim quotes) reflect the use of both terms.

4.3.1 Question 1

This question focuses on the influence of the application of the EEA on racial, gender, and hierarchical relationships and promotion in the workplace. The results pertaining to the frequencies are illustrated in a graph (Figure 4.1). The results relating to the frequencies reflect real numbers and are presented in Table 4.3 and Table 4.4 (Annexure I).

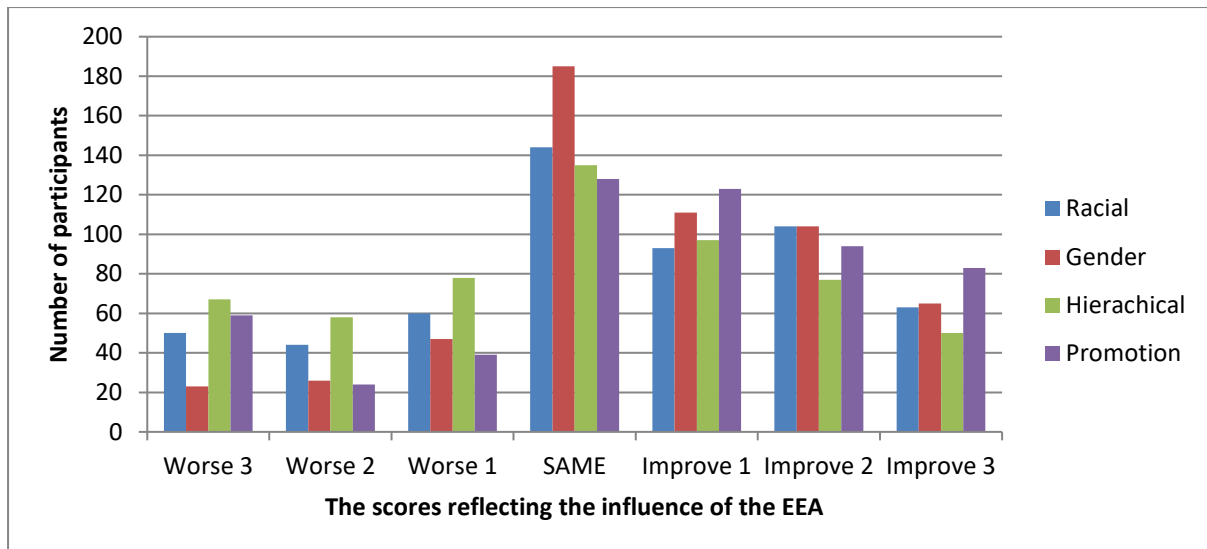


Figure 4.1: The influence of the EEA on racial, gender, and hierarchical relationships and promotion in the workplace

General overview in terms of frequencies: Figure 4.1 illustrates that in general the application of the EEA facilitated the establishment of improved racial, gender and hierarchical relationships in the workplace. Furthermore, participants recognised that there was an increase in the promotion of previously disadvantaged groups. The improvements are generally rated 1 and 2, reflecting a rather cautious stance among the participants.

However, there was a large number of participants who perceived that racial, gender and hierarchical relationships, and the promotion of previously disadvantaged groups, to have stayed the same.

Question 1.1: An assessment of whether the application of the EEA improved or worsened racial relationships in a facility (n=547).

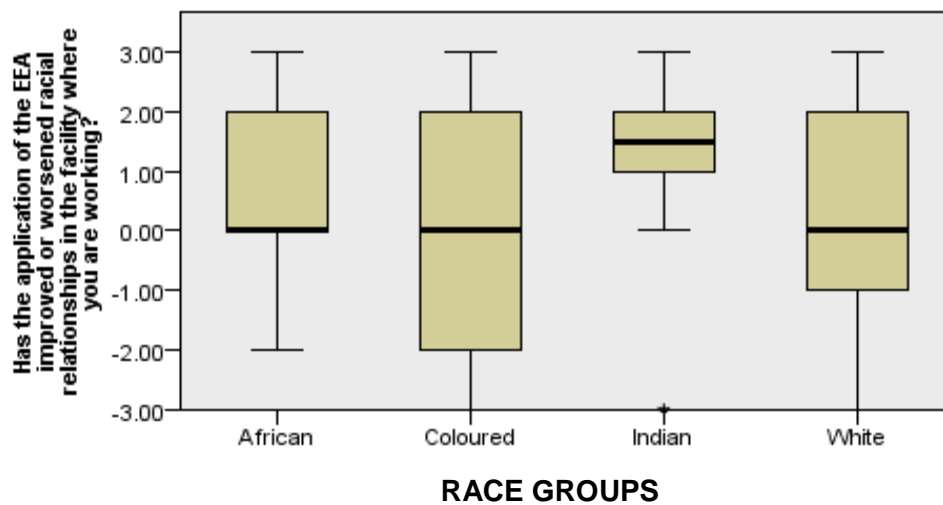


Figure 4.2: Kruskal-Wallis test reflects the responses pertaining to Question 1.1.

The boxplot in Figure 4.2 indicates the differences in responses according to the different race groups. A statistically significant difference ($p < 0.000$) was found in the responses of the various race groups i.e. African, Coloured, Indian and White in relation to the influence of the EEA on racial relationships in their workplace. The length of the box, and as such the interquartile range that contains 50% of the responses, is between zero and 2 for the African group indicating that the majority of the African group viewed the application of the EEA as more positive compared to the Coloured and White groups. Yet the lower whisker (for the African group), reflecting 25% of the views, ranges between 0 and -2 demonstrating differentiation among those who view the application of the EEA as negative. The interquartile range for the Coloured group varies between -2 and 2 indicating a more divided stance on the application of the EEA. The interquartile range for the White group varies between -1 and 2 showing a more positive stance. The interquartile range for the Indian group is between 0 and 2, again showing a more positive stance on the application of the EEA in terms of race. Since the Indian group box is more compact it confirms that this group is more in agreement regarding the application of the EEA and the influence thereof on racial relationships in their respective facilities. Overall one can conclude that the Coloured group is more divided and views the application of the EEA as more negative.

No statistically significant difference ($p < 0.628$) was exposed between the views of professional nurses and those of operational managers in terms of whether the application of the EEA worsened or improved racial relationships in their respective workplaces (Table 4.4). There

was also no statistically significant difference ($p < 0.421$) found between the views of male and female nurses in terms of whether the application of the EEA worsened or improved racial relationships in their respective workplaces.

Question 1.2: An assessment of whether the application of the EEA improved or worsened gender relationships in a facility (n=550).

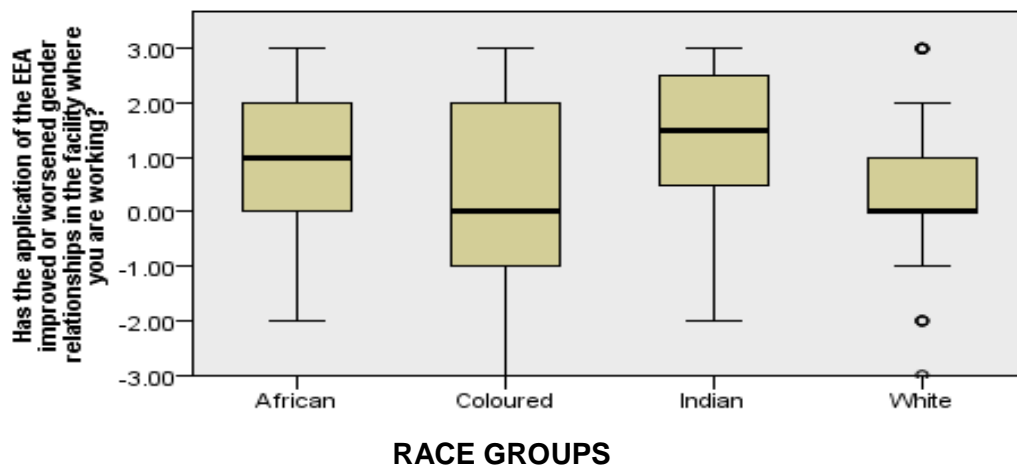


Figure 4.3: Kruskal-Wallis test reflects the responses pertaining to Question 1.2.

A statistically significant difference ($p < 0.000$) was revealed among the responses of the various race groups i.e. African, Coloured, Indian and White in terms of gender relationships in their workplace. The interquartile range of the African group (Figure 4.3) varies between 0 and 2 with the upper whisker between 2 and 3, suggesting an overall positive view of improvements of gender relationships in the workplace.

The positions of Indians and White respondents are reflected as being more positive; i.e. 50% of responses between 0 and 1 for the White group and a variation of more than 0 to more than 2 for the Indian group (the interquartile range). The Coloured group is the only group where the interquartile range varies between -1 and 2; the largest variation therefore suggesting greater disparities among the Coloured group regarding the influence of the EEA on gender relationships in their place of work.

The Mann-Whitney U test indicates no statistically significant difference ($p < 0.807$) between the views of professional nurses and those of operational managers in terms of whether the application of the EEA worsened or improved gender relationships in their respective workplaces (Table 4.4). The Mann-Whitney U test also exhibits no statistically significant difference ($p < 0.705$) between the views of male and female nurses in terms of whether the

application of the EEA worsened or improved hierarchical relationships in their respective workplaces.

Question 1.3: An assessment of whether the application of the EEA improved or worsened hierarchical (between managers and followers) relationships in a facility (n=551).

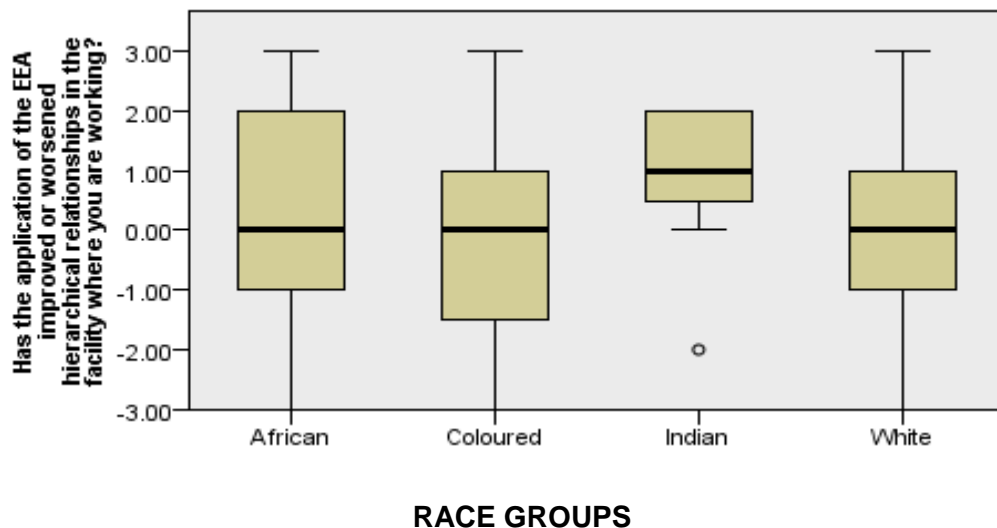


Figure 4.4: Kruskal-Wallis test reflects the responses to Question 1.3.

A statistically significant difference ($p < 0,033$) was revealed among the responses of the various race groups i.e. African, Coloured, Indian and White in terms of the influence of the EEA on hierarchical relationships in their respective workplaces.

The responses of the Indian group (Figure 4.4) illustrates a rather compact interquartile range, between more than 0 and 2, reflecting more agreement among respondents about the influence of the EEA on hierarchical relationships in the workplace. The interquartile range of the African group ranges from -1 to 2 showing more disagreement on the influence of the EEA on hierarchical relationships in the workplace.

The Mann-Whitney U test confirmed a statistically significant difference ($p < 0.024$) between the views of professional nurses and those of operational managers in terms of whether the application of the EEA worsened or improved hierarchical relationships in their respective workplaces (Table 4.4). The professional nurses (mean = -0.07, SD=1.75) viewed the application of the EEA to have worsened hierarchical relationships in their respective workplaces while the operational managers (mean= 0.38, SD=1.72) viewed the application of the EEA to have a positive influence. The Mann-Whitney U test revealed no statistically

significant difference ($p < 0.249$) between the views of male and female nurses in terms of whether the application of the EEA worsened or improved hierarchical relationships in their respective workplaces (Table 4.4).

Question 1.4: An assessment of whether the application of the EEA improved or worsened the promotion of African, Coloured and Indian nurses in leadership positions in a facility (n=540).

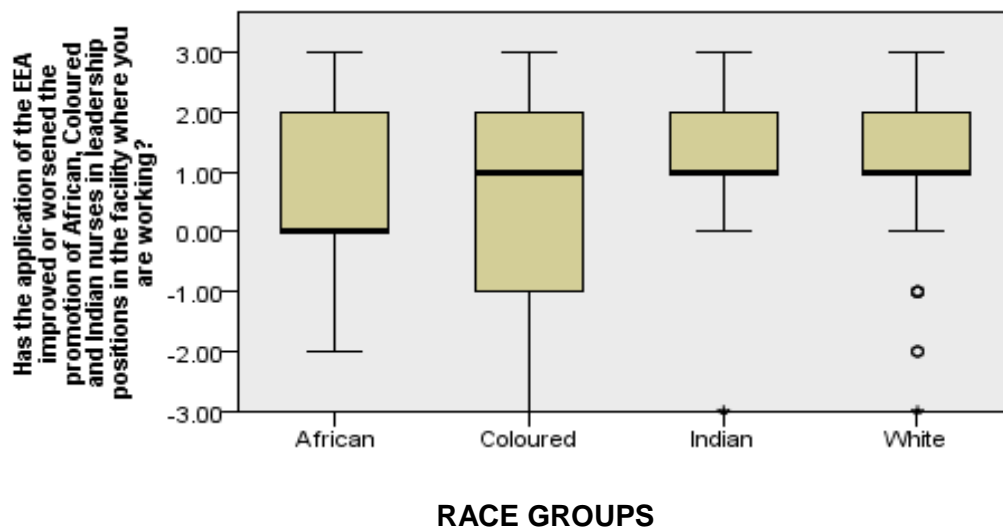


Figure 4.5: Kruskal-Wallis test reflects responses pertaining to Question 1.4.

A statistically significant difference ($p < 0,001$) was depicted among the responses of the various race groups i.e. African, Coloured, Indian and White in terms of whether the application of the EEA made a difference to the promotion of these groups in leadership positions in their respective facilities.

Figure 4.5 represents a rather compact interquartile range for both the Indian and White groups ranging between 1 and 2; indicating more agreement on the application of the EEA and its influence on promotion of African, Coloured and Indian groups. The dispersion of the views of the White group reflects a few outliers, -1 to -3, which signify that some members of the White group reasoned that the application of the EEA was not sufficient to address workplace inequalities. The interquartile range for the Coloured group ranges between -1 and 2 with the lower whisker extending beyond -3 signifying more disagreement among the Coloured respondents on the influence of the EEA in terms of promotion. The interquartile range of the African group ranges between 0 and 2 with the upper whisker between 2 and 3. The dispersion of responses of the African group therefore reflects positive viewing of the application of the EEA on the promotion of African, Coloured and Indian groups.

No statistically significant difference ($p < 0.079$) was shown between the views of professional nurses and those of operational managers in terms of whether the application of the EEA worsened or improved the promotion of African, Coloured and Indian nurses in leadership positions in their respective workplaces (Table 4.4). There was also no statistically significant difference ($p < 0.563$) found between the views of male and female nurses in terms of whether the application of the EEA worsened or improved the promotion of African, Coloured and Indian nurses in leadership positions in their respective workplaces.

Question 1: Responses to the open-ended question with reference to the influence of the EEA on racial, gender, hierarchical and promotion issues (n=154).

The comments of participants as provided verbatim provide insight into the participants' experiences and feelings around the matter of concern.

Three themes emerged from the data: Promotions and race, gender and hierarchical issues.

Promotions and race: Public sector, Western Cape: At the time of data collection it was found that mainly Coloureds and a few Africans occupied managerial positions at the participating public hospital in the Western Cape (WC). Comments received disclosed that apprehension among Coloured participants about the appointment of Africans in managerial positions at this hospital: *"Worsened for coloured/white race for promotions/studies. Improved for Africans even from other provinces who lacks massively in the necessary skills and competency for the position"*, and *"Almost as if this institution got contract with Eastern Cape / Limpopo transferring African nurses"*.

Private sector, WC: At the time of data collection the researcher observed a smaller representation of African nurses in managerial positions at the participating private hospitals. Participants commented on the low percentage of African nurses in leadership positions at these hospitals: *"There is not even 1 African in leader unit managing. Not even 1 male as unit manager - a few males in the ward. They have a number of coloured managers"* and *"No African nurse ever get appointed as unit manager - only whites and coloureds"*. Participants from the other participating private hospitals in the province also commented on diversity in managerial positions: *"Not enough diversity, not enough African and Coloured leaders"*.

Public sector, Gauteng: The participating public hospital at the time had mainly African nurses in managerial positions. Participants commented on diversity at the hospital: *"There is a noticeable absence of other racial groups - Indians, Coloureds and Whites"*, and *"Geographically we are situated in a densely populated African area, we only see very small numbers of other racial groups as Coloureds for instance. Hopefully the number will increase gradually - with more racial nurses to observe"*.

Private sector, Gauteng: The participating hospitals reflected a stronger presence of females of colour in managerial positions. The comments received from participants at these hospitals in general reflected satisfaction with the application of the EEA: *"In my opinion, the Act is applied without any discrimination"*; and *"I have observed all races & gender - both in low and managerial positions at this hospital"*.

Gender: The participating public hospital in the Western Cape had appointed males in senior and junior managerial positions. The increased appointment of males in managerial positions however did not seem to benefit relationships in the workplace: *"Animosity against males who get promoted is a problem especially where the female who has been expecting the post"*, and *"Worsened gender relationships as more men get improvement in positions than women"*.

Those in the private sector commented on female domination in managerial posts: *'There are more women in management roles'* (WC – private). Yet those employed in the public sector in Gauteng observed more respect being demonstrated towards male nurses (signifying cultural norms perhaps unconsciously surfacing at work) and the worsening of gender relationships: *"I feel gender relationships are getting worse, because there are more females, males are regarded as 'special'"*; and *"Gender still an issue. Male nurses are respected more than female nurses and are given leadership positions"*.

Hierarchical issues: The comments received from participants in the public sector of the Western Cape reflected the presence of autocratic leadership practices and that participative decision-making was seemingly not practiced consistently: *"Poor hierarchical relations between managers and followers e.g. if you request leave for your relative one is questioned, deny mostly or one's requests. Off duties just changed without notification. Autocratic"*; and *"Only abuse of power - using one or position of authority to improper benefit or discriminate against another person"*.

The perspectives of participants, hierarchical relationships among nurses in the public sector in Gauteng were seemingly unsound and managerial interest in the careers of nurses was lacking: *"No relationship between managers and nurses. No succession plan in leadership positions"*.

Those in the private sector in Gauteng commented on inconsistent business principles being applied in that a White male manager invested in a White management team: *"The trend is bad because the institution is a privately-owned hospital, hence the owner decides because it is his business. He aims at using high profile people who he feels make his business grow. This is a white man's business - so he is comfortable to see more whites dominating his business because he can trust their capabilities more than other races, to handle his businesses"*.

4.3.2 Question 2

This question concerned the influence that the facility's (the organisation where the participants is employed) promotion system for nurses had on racial, gender and hierarchical relationships. The results are presented in Table 4.5 and 4.6 (Annexure H).

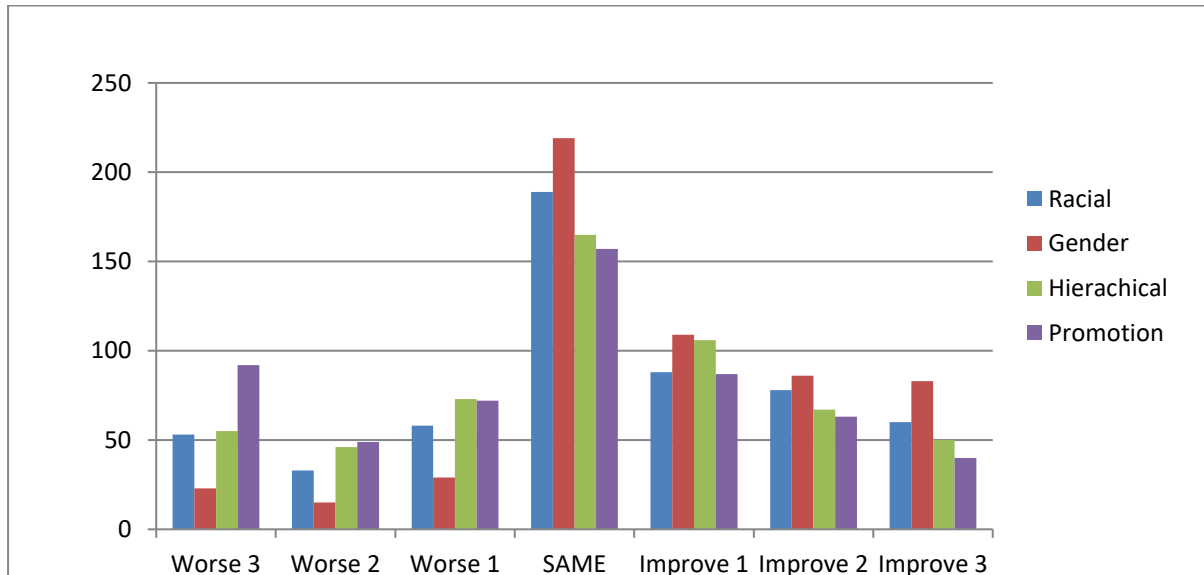


Figure 4.6: The influence of the workplace's promotional system for nurses on racial, gender and hierarchical relationships and fair promotion.

General overview in terms of frequencies: Figure 4.6 illustrates that in general the facility's promotional system for nurses had improved racial, gender and hierarchical relationships in the workplace. However, a large number of participants perceived racial, gender and hierarchical relationships, and the scope for fair promotion within the workplace to have stayed the same. In addition, views pertaining to fairness in terms of promotions submitted that standards of impartiality had deteriorated, regardless of the implementation of the EEA.

Question 2.1: An evaluation of whether the facility's promotion systems for nurses improved or worsened racial relationships between African, Coloured and Indian nurses (n=559).

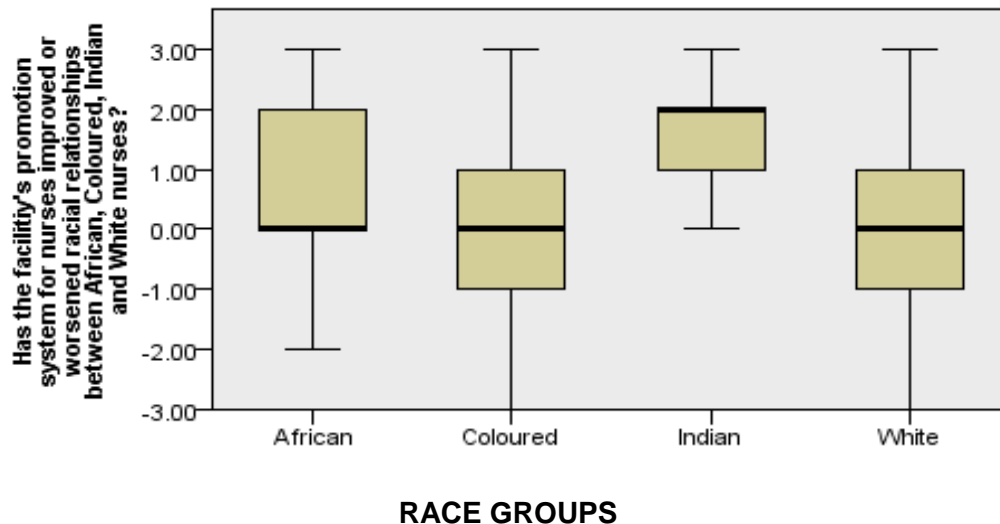


Figure 4.7: Kruskal-Wallis reflecting the viewpoints of the race groups on the influence of the promotion systems at the respective facilities on racial relationships between African, Coloured and Indian nurses.

The Kruskal-Wallis test (Table 4.5) showed a statistically significant difference ($p < 0,001$) in the responses of the various race groups i.e. African, Coloured, Indian and White in terms of whether the promotion systems for nurses influenced relationships between these racial groups in the workplace. In Figure 4.7, the interquartile range of the Coloured and White groups varies between -1 and 1 with the lower whiskers of both groups extending beyond -3 indicating a negative influence of the promotion systems on racial relationships in the workplace. The interquartile range of the African and Indian groups are both positive, i.e. not less than zero, signifying a more content position in terms of the influence of the promotion systems on racial relationships in the workplace.

No statistically significant difference ($p < 0.609$) was found between the views of professional nurses and operational managers in terms of whether the promotion system for nurses worsened or improved racial relationships among African, Coloured and Indian nurses in their respective workplaces (Table 4.6). There was also no statistically significant difference ($p < 0.235$) found between the views of male and female nurses in terms of whether the promotion systems for nurses worsened or improved racial relationships among African, Coloured and Indian nurses in their respective workplaces.

Question 2.2: An evaluation of whether the facility's promotion systems for nurses improved or worsened gender relationships between men and women (n=564).

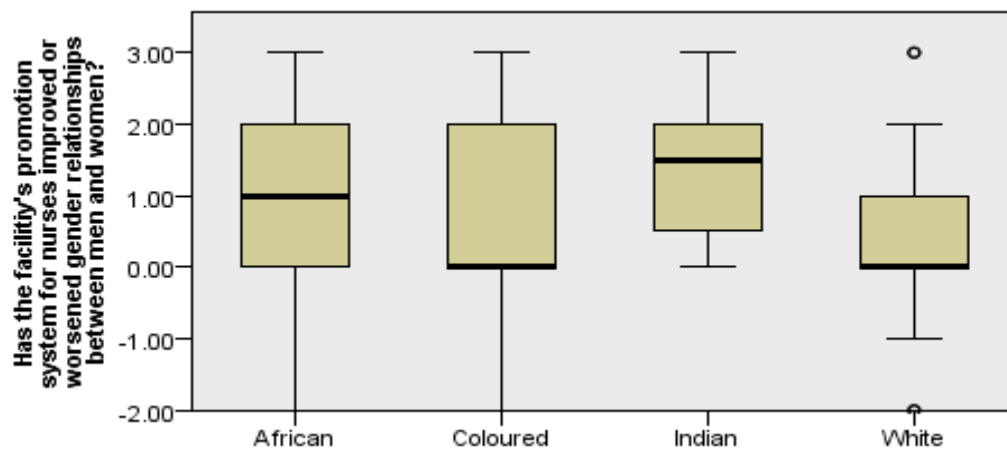


Figure 4.8: Kruskal-Wallis reflects pertaining to Question 2.2.

A statistically significant difference ($p < 0,000$) was revealed among the responses of the various race groups i.e. African, Coloured, Indian and White on whether the promotion systems for nurses influence racial relationships among these racial groups in the workplace (Figure 4.8). The boxplot in Figure 4.8 shows the interquartile range of the African and Coloured groups to be between 0 and 2 with the median at 1 for the African group and 0 for the Coloured group reflecting a more positive stance among the African group than the Coloured group. The interquartile range of the Indian group is the most compact, revealing more agreement regarding the positive influence that promotional systems have on gender relationships. Seventy five percent of the responses of the White group stretches from 0 to 2 with the interquartile range at 0 to 1 again reflecting more agreement among the participants in terms of a positive stance regarding the influence of promotional systems on gender relationships.

The Mann-Whitney U test exhibited no statistically significant difference ($p < 0.634$) between the views of professional nurses and operational managers in terms of whether the promotion system for nurses worsened or improved gender relationships in their respective workplaces (Table 4.6). The Mann Whitney U test also illustrated no statistically significant difference ($p < 0.425$) between the views of male and female nurses in terms of whether the promotion systems for nurses worsened or improved gender relationships in their respective workplaces.

Question 2.3: An evaluation of whether the facility's promotion system for nurses improved or worsened hierarchical relationships between managers and followers (n=562).

No statistically significant difference ($p < 0.075$) was revealed between the viewpoints of the race groups about the influence of promotion systems on hierarchical relationships between managers and followers at the respective facilities (Table 4.6).

The Mann-Whitney U test exhibited a statistically significant difference ($p < 0.021$) between the views of professional nurses and operational managers in terms of whether the promotion system for nurses worsened or improved hierarchical relationships between managers and followers in their respective workplaces (Table 4.6). The mean score of the professional nurses (PN) is 0.01 (SD=1.63) while the mean of score of the operational managers (OPM) is 0.47 (SD=1.65) indicating that on average the OPMs view the relationship between managers and followers more positively than the PNs. However, no statistically significant difference ($p < 0.823$) was found between the views of male and female nurses in terms of whether the promotion systems for nurses worsened or improved hierarchical relationships between managers and followers.

Question 2.4: An evaluation of whether the facility's promotion system for nurses provided more scope for fair promotion (n=560).

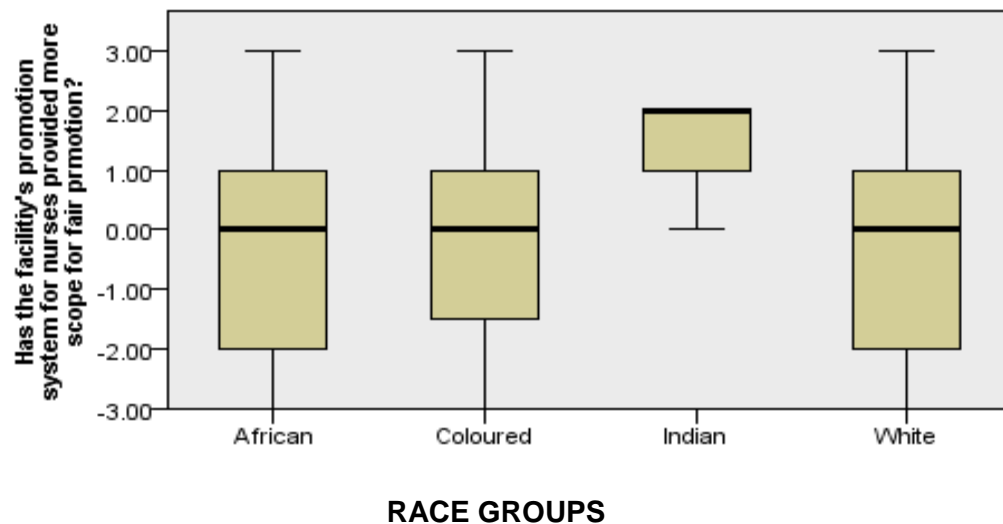


Figure 4.9: Kruskal-Wallis reflects pertaining to Question 2.4.

A statistically significant difference ($p < 0.004$) was revealed in terms of the views of the race groups as to whether the promotional systems at their respective facilities provided more

scope for fairness. The upper quartiles of all groups except the Indian group were at 1 while the lower quartiles of the African and White groups were at -2 and the lower whiskers of the African, Coloured and White groups extended beyond -3 (Figure 4.9). One can therefore assume that the African, Coloured and White groups were less satisfied about the fairness of promotion systems. The Indian group's interquartile range however was between 1 and 2, thus more compact, suggesting agreement and satisfaction among the group with regard to fairness of promotion systems.

A statistically significant difference ($p < 0.018$) was shown between the views of professional nurses and operational managers in terms of whether the promotion system for nurses provided more scope for fairness (Table 4.6). The mean score of the professional nurses (PN) is -0.30 ($SD = 1.76$) while the mean of score of the operational managers (OPM) is 0.18 ($SD = 1.68$) indicating that on average the OPMs viewed the promotional systems to be relatively unbiased unlike the PNs. However, the Mann Whitney U test offered no statistically significant difference ($p < 0.351$) between the views of male and female nurses in terms of whether the promotion systems for nurses provided more scope for fairness.

Question 2: Responses to the open-ended question with reference to the influence of promotion systems on fairness and racial, gender and hierarchical relationships (n=135).

Five themes emerged from the data: fairness, quality nursing care, racial issues, gender, and hierarchical issues/class

Fairness: As explained in Chapter 1, the equity reports of the Department of Labour (Republic of South Africa, 2015) reflect low totals of Africans in managerial positions in the public and private health sector in the WC. At the time of data collection, the researcher observed a stronger presence of Coloured and White nurses in managerial positions at the participating hospitals. Coloured and White participants in the WC seemed to hold that the application of the EEA was unfair, in that, according to policy, Africans received preference. The obvious apprehension that surfaced through their comments therefore seemed to be unreasonable: *"Fair promotion!! There is nothing fair in this case. Black people has 1st place at all times!!"* (WC – public sector); *"Because of the pressure the EEA puts on the company to employ black people in leadership positions, promotion is not always fair"* (WC – private). The comments reflecting apprehension creates the idea that staff members might not be knowledgeable of the employment equity plan and accompanying report of their respective institutions or that the consideration of race as key consideration in promotion is considered inherently unfair.

Coloured participants at the participating private hospitals also reflected on unfairness pertaining to race and promotion with one respondent stating: *"Colour is taken into account, not necessarily the right candidate for the position. Africans have preference - not necessarily fair to other people of colour"* (GP - private).

Quality nursing care: Some comments indicate that Coloured participants in the public sector in the Western Cape ascribe the quality of nursing services to African leadership by pronouncing: *"And it is going to get worse if something is not done. Health services halfway down the drain. Where Africans became in charge of a department, medical supplies, medication and good fair nursing care cease to exist. African nurses only care for the African patients, more on their phones, have businesses outside nursing, all own, From the Eastern Cape"* (WC – public sector); *"Quality of service went downwards since EEA"* (WC – public sector).

Racial issues: One African participant in the public sector of the Western Cape voiced concerns about empowerment opportunities in the workplace: *"African nurses are not given an opportunity to perform managerial duties. Whites and coloureds are always given a chance of being in charge when the operational manager is absent or on leave they are always taken by the hand to work with the OP in the office"* (WC - public sector). On the other hand, Coloured participants at the institution expressed concerns about racial relationships and ascribed the tensions to the employment of African nurses as one remarked: *"Racial relationships worsened due to employment of only (more) African nurses"* (WC – public sector).

Those in the private sector also commented on racial relationships that needed to improve, with one respondent mentioning: *"More work could be done on working relationships amongst race - whites and blacks still have their own camp"* (WC – private sector).

Gender: Participants at the public sector in the Western Cape raised concerns about the promotion of males. Female participants commented on the unjustified appointments of males; based on how the males performed in interviews. This was apparent in the statements: *"Men get first privilege in hospital"*, and: *"During interviews 90% of men fail between 40-49% but sometimes they are chosen only because they want to promote the number of men in high"*.

Yet respondents at the participating public hospital in Gauteng related that there was improvement in terms of the appointments of males to managerial positions by commenting: *"Gender relationships improved - there are male allocations in leadership and management"*, and: *"We now have increased number of male managers"* (GP - public sector).

In contrast, respondents at the participating private hospitals reflected on an absence of males in senior managerial positions in the sector: *“Men don't occupy the high positions in nursing. W.r.t management, male nurses' opinions hardly counts”* (GP - private sector).

Hierarchical issues/class: It is standard practice that a unit manager (person in command of a ward) writes a recommendation for a nurse who applies for study leave or promotion. However, it appears that the outcome of such an application is dependent on the quality of relationships between nurses and unit managers - that those nurses who have a sound relationship with the unit manager have a better chance to be successful. A participant reflected on the power imbedded in the manager's role: *“1. Succession Planning and promotion based solely on the recommendation of the unit manager. 2. I think this can allow for an element of bias if a potential leader and the UM do not get on, and may result in this candidate being overlooked for promotion”* (WC - private sector).

A participant commented that relationships between managers and nurses were not pleasant; implying that there was a class system where those in lower positions were treated impolitely: *“Relationships between men and women are good between nurses and managers it's bad, they treat nurses like their domestic worker”* (WC – public sector). Those in the public sector in Gauteng also commented on a top down leadership approach: *“Managers talk and nurses are to listen. Basic principles only apply to the nurses and patients”*.

Participants in the private sector discussed punitive behaviour and the lack of recognition accorded to staff: *“Our hard work must often seem to be going unnoticed and no appreciation or any reward that's worth something, but if any minor mistake happens from us, they just go after it and forget all the goodwill that we have earned”* (WC - private sector).

4.3.3 Question 3

This question relates to the views of participants about promotional opportunities in general. The results are displayed in Table 4.7 and 4.8 (Annexure H).

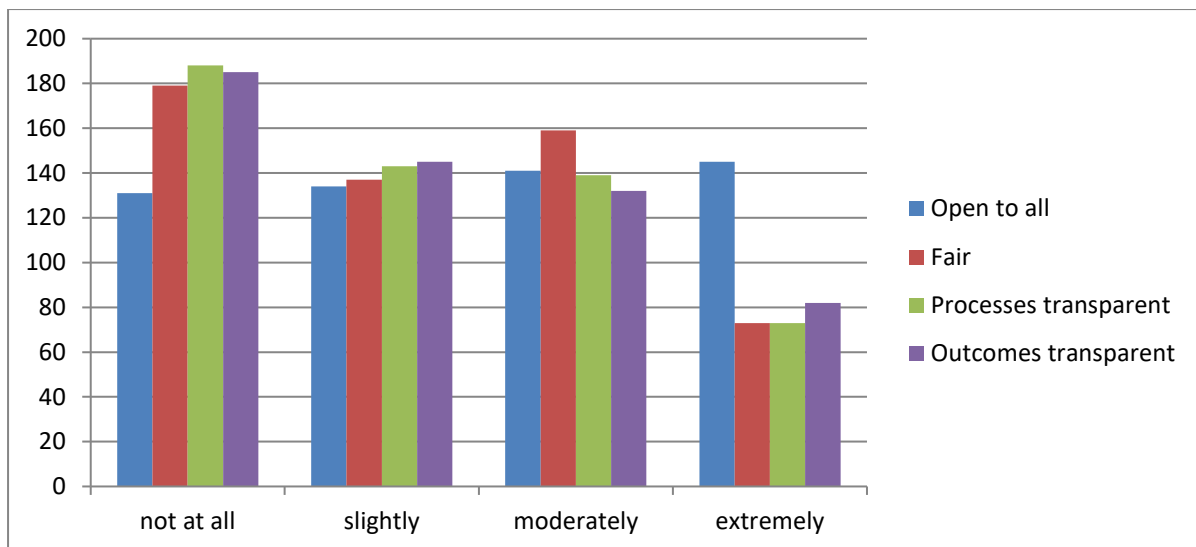


Figure 4.10: Reflection on promotional opportunities in the work place in general.

General overview in terms of frequencies: Figure 4.10 illustrates that, in general promotion opportunities were open to all and had improved. However, there seems to be directly opposing views as supported by nearly equal number of participants - 'not at all' $n=131$ and 'extremely' $n=145$ (Table 4.7 in Annexure H) and are thus considered contradictory. However, fairness and the transparency during promotional processes and outcomes had worsened. A large number of the participants viewed promotional opportunities at their workplace to be moderately fair but also extremely open to all. However, the majority of participants indicated that the promotional processes and outcomes were not at all transparent, and definitely not fair.

Question 3.1: An assessment of the accessibility of promotional opportunities in the work place ($n=545$).

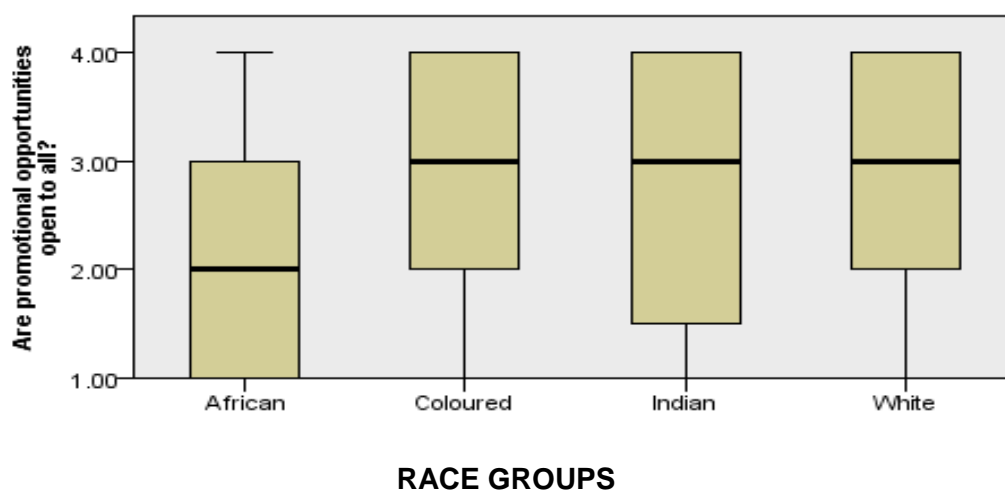


Figure 4.11: Kruskal-Wallis reflects the responses pertaining to Question 3.1

There was a statistically significant difference ($p < .000$) between the views of African, Coloured, Indian and White participants on whether promotional opportunities were open to all in their respective facilities, according to the Kruskal-Wallis test. The upper quartile of Coloured, Indian and White groups is at 4 with no upper whisker and the median at 3 yielding towards a more positive perception of this variable. Yet the interquartile range is wide for Coloured, Indian and White participants; reflecting disagreement apropos the openness of promotional opportunities. The interquartile range of the African group is also wide (1-3) signifying more negative viewing and reflecting disagreement among the African participants; ultimately exposing more scepticism towards the openness of promotional opportunities at their respective facilities.

The Mann-Whitney U test disclosed a statistically significant difference ($p < 0.009$) between the views of professional nurses and operational managers in terms of the legitimacy of promotional opportunities (Table 4.8). The mean score of the professional nurses (PN) is 2.50 ($SD = 1.113$) while the mean of score of the operational managers (OPM) is 2.86 ($SD = 1.092$) indicating that on average the OPMs have a more positive view about the openness of promotional opportunities than the PNs. However, the Mann-Whitney U test indicated no statistically significant difference ($p < 0.653$) between the views of male and female nurses on the openness of promotional opportunities.

Question 3.2: An assessment of the fairness of promotion processes. (n=542)

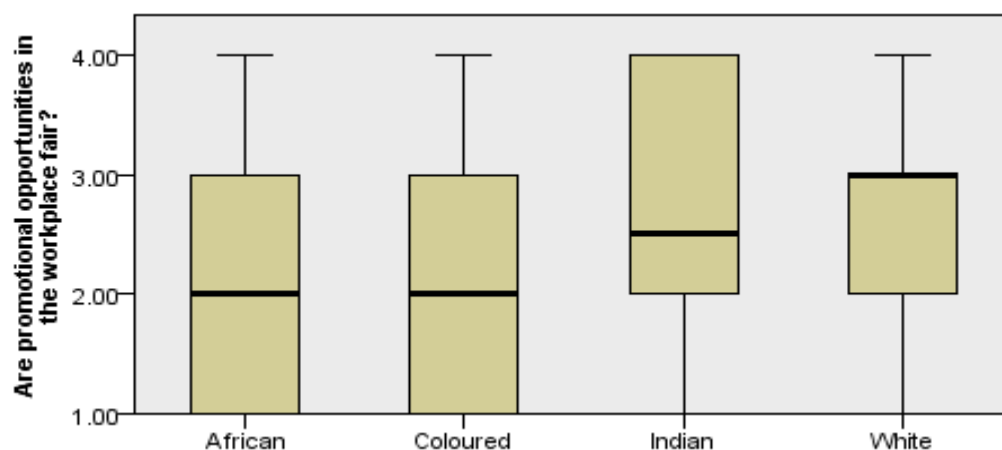


Figure 4.12: Kruskal-Wallis reflects the responses pertaining to Question 3.2

A statistically significant difference ($p < .000$) existed between the views of African, Coloured, Indian and White participants regarding the objectivity within promotional processes at their respective facilities. The interquartile range of the White group is rather compact and is

between 2 (slightly) and 3 (moderately) showing more agreement among their views on the impartiality of the process. Yet the upper quartile of the White group is also the median; reflecting that few were indeed convinced that the process was fair. The views of the Indian group are quite divided with the interquartile range varying between 2 (slightly) and 4 (absolutely). The interquartile range of the African and Coloured groups is between 1(not at all) and 3 (moderately) again reflecting varying views on the fairness of the process, signifying that the integrity of the promotional process is less convincing.

A statistically significant difference ($p < 0.006$) was found between the views of professional nurses and operational managers in terms of the fairness of the promotional processes at their respective facilities (Table 4.8). The mean score of the professional nurses (PN) is 2.19 (SD=1.040) while the mean of score of the operational managers (OPM) is 2.55 (SD=1.076) indicating that the PNs had a less positive view about the fairness of the promotional process than the OPMs. However, no statistically significant difference ($p < 0.473$) was found between the views of male and female nurses on the fairness of the promotional process.

Question 3.3 An assessment of the transparency of promotional processes. (n=537)

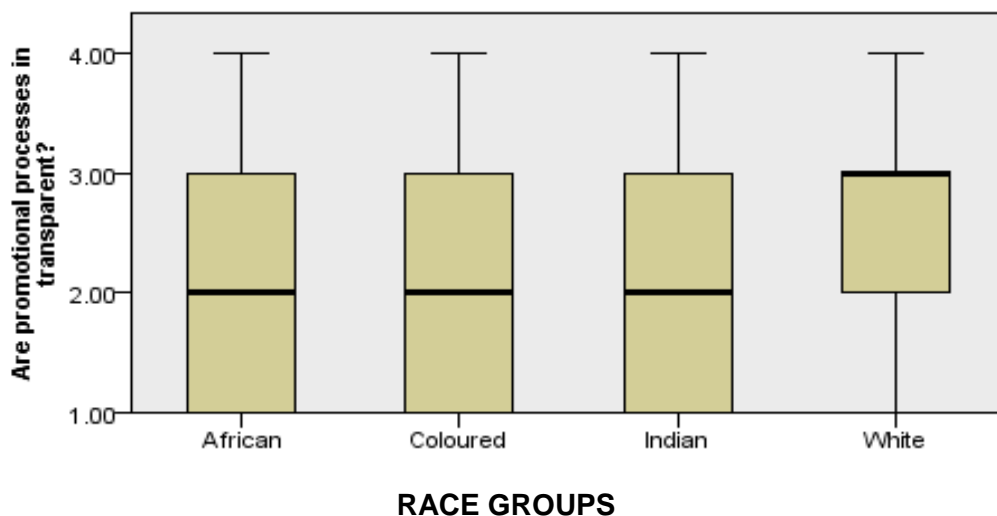


Figure 4.13: Kruskal-Wallis reflects the responses pertaining to Question 3.3

There was a statistically significant difference ($p < .000$) between the views of African, Coloured, Indian and White participants on the transparency of promotional processes at their respective facilities. The interquartile range of the African, Coloured and Indian groups are between 1(not at all) and 3 (moderately) with the median of the 3 groups at 2 (slightly). The spread shows differentiation among each of the previously disadvantaged groups individually as regards the transparency of the promotional processes at their respective facilities. The

interquartile range of the White group is between slightly and moderately revealing more agreement among the White group on the transparency of the promotional process.

The Mann-Whitney U test presented a statistically significant difference ($p < 0.011$) between the views of professional nurses and operational managers in terms of the transparency of the promotional process at their respective facilities (Table 4.8). The mean score of the professional nurses (PN) is 2.13 (SD=1.044) while the mean of score of the operational managers (OPM) is 2.45 (SD=1.031) indicating that the PNs had a less positive view of the transparency of the promotional process than the OPMs. However, no statistically significant difference ($p < 0.276$) was found between the views of male and female nurses on the transparency of the promotional process.

Question 3.4: An assessment of the transparency of promotional outcomes. (n=538)

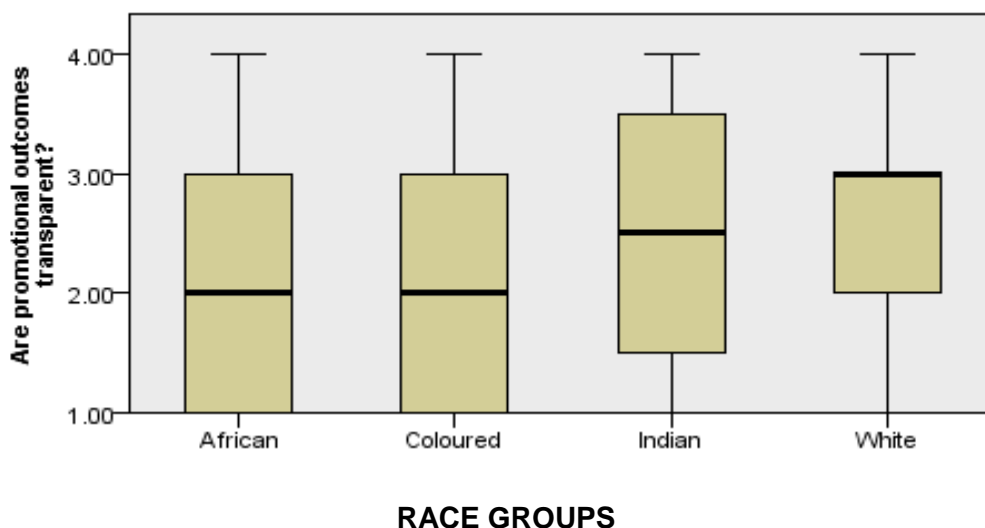


Figure 4.14: Kruskal-Wallis reflects the responses pertaining to Question 3.4

A statistically significant difference ($p < .000$) was found between the views of African, Coloured, Indian and White participants on the transparency of promotional outcomes at their respective facilities (Figure 4.14). The interquartile range of the African and Coloured groups is between 3 (moderately) and 1 (not at all). The boxes are rather large signifying disagreement among the participants on transparency of promotional outcomes. The interquartile range of the White group is somewhat narrow, between 2 (slightly) and 3 (moderately), reflecting more agreement among the participants. The upper quartile of the White group is on 3 (moderately) which is also the mean for this group indicating more agreement that promotional outcomes are transparent. Yet the mean of the other groups is

below 3 (moderately) indicating more agreement that promotional outcomes are less transparent.

In terms of the transparency of promotional outcomes at their respective facilities (Table 4.8), the Mann Whitney U test showed a statistically significant difference ($p < 0.003$) between the views of professional nurses and operational managers. The mean score of the professional nurses (PN) is 2.15 (SD=1.074) while the mean of score of the operational managers (OPM) is 2.53 (SD=1.018) indicating that the PNs have a less positive view about the transparency of promotional outcomes than the OPMs. However, no statistically significant difference ($p < 0.245$) was found between the views of male and female nurses on the transparency of promotional outcomes.

Question 3: Responses to the open-ended question with reference to fairness, openness and transparency of promotional processes and outcomes (n=128).

Three themes emerged from the data: Openness and transparency of processes, already identified and favouritism and influence

Openness and transparency of promotional processes: Various comments indicated that not all staff members were aware of the availability of managerial positions. Public and private sector positions were advertised online via the website of the Department of Health (province specific) and the specific company respectively. It seems however, as if staff members were not informed of how posts were advertised; or that they should visit the websites occasionally. On the other hand, some might not have had access to the internet. Participants in the public sector specifically, seemed to be ill-informed: *“Not everyone has access to Website where posts are advertised. You only become aware of it when interviews are conducted. I prefer the posts to be announced by our managers, as well as the criteria”* (GP - public sector); *“We don't see the advertisement of the post. We just hear when the post is filled”* (WC – public sector). It also appears that staff members would have benefitted if positions were announced/advertised prior the actual advertisement: *“Outcomes are announced publicly. Advertisements are not announced - we only hear that they were published in newspapers”* (GP - public sector).

Some participants also seemed to be unsure as to what the promotional process entailed; as if staff members needed to be informed about the precise process to be followed per institution and requirements per post: *“It is not transparent, because up to today, I have no idea of what do they require for promotion - whether you are due for it or not. I have no idea at all, because I never see even a circular referring to promotions”* (WC - private sector).

The comments also pointed to a lack of succession planning; to prepare candidates to be appointable: *"There is an evident lack of succession planning. Internal vacancies are well published. Promotion of individuals occurs seldom. External applicants are more successful"* (WC - private sector). Succession planning should have included everyone who was willing, as selective succession planning could lead to unhappiness and the idea that some were favoured: *"In our unit they say it's open to all, but they go to certain individuals & encourage them to take promotion opportunities & they promise them the job. Doesn't matter about race, class or gender. Management makes decisions beforehand although they still follow the normal processes. Capabilities, leadership qualities, etc. don't count in the end"* (WC - private sector).

Those who applied for promotion apparently received minimal feedback implying that there was no transparency in the process: *"People that apply for promotion - a) get the answer, we wait for more variation in applicants b) don't get feedback at all"* (WC – private sector). Some indicated that certain positions were not advertised at all and that management decided who should be recruited or appointed: *"I've never heard of such opportunities at our hospital"*. Another comment: *"If there are promotion opportunities, they very seldom advertise - it rather becomes management's internal decision"* (GP - private sector).

The was view that there was a sense of unhappiness seemingly created when someone was asked to act as a unit manager but the position was later filled by another candidate: *"Staff appointed from outside although employed staff members sometimes act as UM while needed without being promoted when post becomes available"* (WC - private sector); *"Others appointed while you acting in post, but you don't get promoted in the end, irrespective of your experience and exposure to an even higher post that you apply for"* (GP - public sector).

Some comments relate to horizontal movements that occurred when leadership positions were not advertised as someone already on that level was moved into the vacancy. Horizontal movements, especially if the vacancy is filled by someone from another hospital belonging to the company, could prevent upward mobility of internal candidates at the hospital where the vacancy existed: *"Sometimes there are movements (employees) occupying posts which were not advertised"* (GP – public sector).

Already identified: Several comments intimated that there were suspicions that although vacancies had been advertised, the ideal candidate had been earmarked beforehand and that the advert and interview process was merely to follow correct protocol: *"Management normally know beforehand who they want to appoint - interviews only a formality"* (GP - private sector). Another comment: *"Promotion positions are predetermined and a decision is made before the position"*

is even advertised' (GP – private sector); *"You do not need to be a fortune teller to know the outcome"* (GP - public sector).

Favouritism and influence: Various comments reflect the notion that upward mobility into leadership positions was related to either influence, or being favoured by someone in a higher position. Such comments were received from both sectors and provinces: *"If you are promoted it is more likely that you know someone higher, or favoured, especially unit manager and matron positions"* (WC – public sector); *"Management choses anyone they favour"* (GP - private); *"It still comes down to who is willing to play the game or take orders from above"* (WC - private).

Multiple comments pertaining to influence and favouritism were received from participants at the participating public hospital in Gauteng: *"Promotion given according to relationship with those in Senior Management positions, and depends on whether they know your background status"; "Promotion seems to be based on who is who, and is apparent who will get the post"; "Most of the time, promotion processes not fair. Favouritism is used, as a result, most of them don't deliver quality/competent services"* (GP – public sector).

Favouritism in relation to race seemed to also apply to staff development i.e. study opportunities, promotion and empowerment (leadership exposure): *"Certain individual coloureds are given a chance to act on managers posts. Africans not being taught any management duties"* (WC - public sector), and *"Opportunities to go study are opened for almost all, but after that promotion for unit managers or second unit managers are always allocated for coloureds and white race and never really transparent"* (WC – private sector).

4.3.4 Question 4

This question relates to whether increased concerns arise when new promotional opportunities become available; that decision-making was influenced by race, class, gender and the EEA. The results are displayed in Table 4.9 (Annexure H).

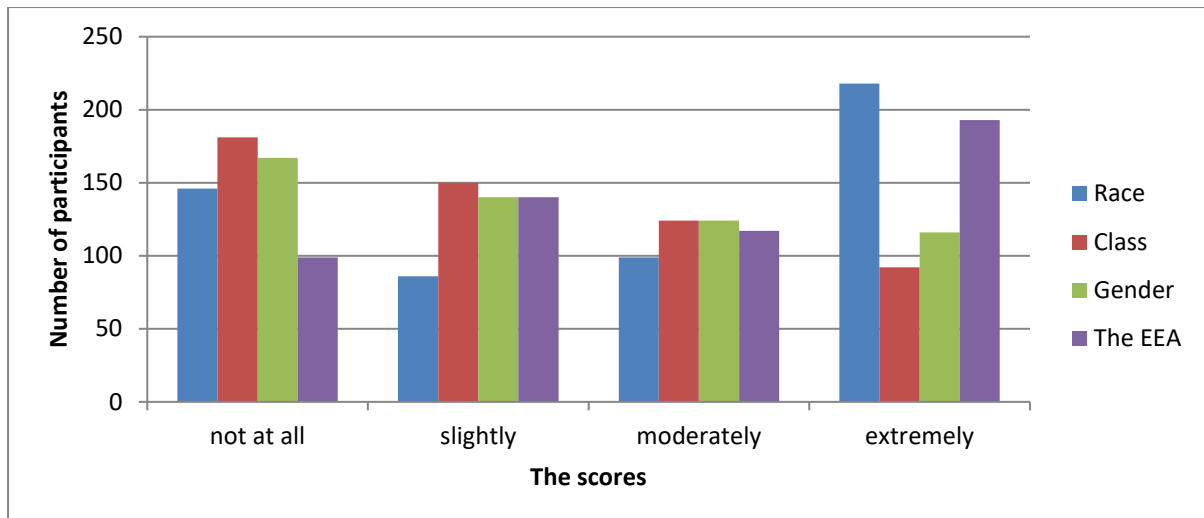


Figure 4.15: Reflect increased concerns in promotional opportunities.

General overview in terms of frequencies: Figure 4.15 illustrates that in general the perception is that when promotional opportunities become available that there are fewer concerns that class and gender will play a role in the appointment processes. The majority of the participants, indicated that concerns about the influence of race and the EEA increased exceptionally with new promotional opportunities.

Question 4.1: An estimation of increased concerns on whether race will play a role in an appointment when opportunities for promotion become available (n=538).

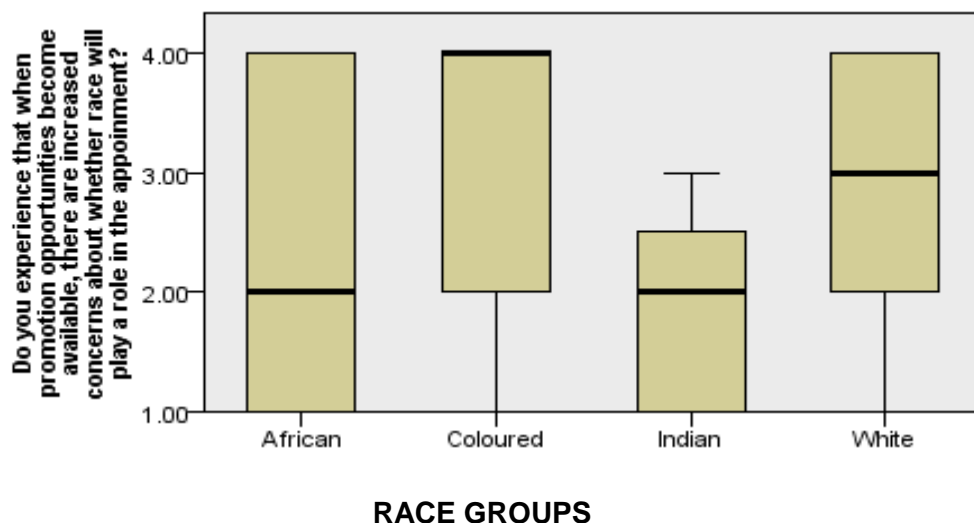


Figure 4.16: Kruskal-Wallis reflects the responses pertaining to Question 4.1

Figure 4.16 illustrates that the Kruskal-Wallis test proves a statistically significant difference ($p < .000$) between the views of African, Coloured, Indian and White participants on whether there are increased concerns that race will play a role when promotional opportunities become available.

The interquartile range of the African group is large and varies between 1 (not at all) and 4 (absolutely) showing disagreement on the issue with the mean on 2 (slightly). The interquartile range of the Coloured and White groups vary between 2 (slightly) and 4 (absolutely) with mean of the Coloured group on 4 (absolutely) reflecting a stronger awareness among the Coloured group of the possible influence of race on promotions.

In terms of whether there will be increased concerns that race will play a role when promotional opportunities become available (Table 4.9) are confirmed by the Mann-Whitney U test where there was no statistically significant difference ($p < 0.826$) between the views of professional nurses and operational managers. There was no statistically significant difference ($p < 0.996$) between the views of male and female nurses on whether there will be increased concerns that race will play a role when promotional opportunities become available.

Question 4.2: An estimation of increased concerns on the role that class will play in an appointment when promotional opportunities become available (n=537).

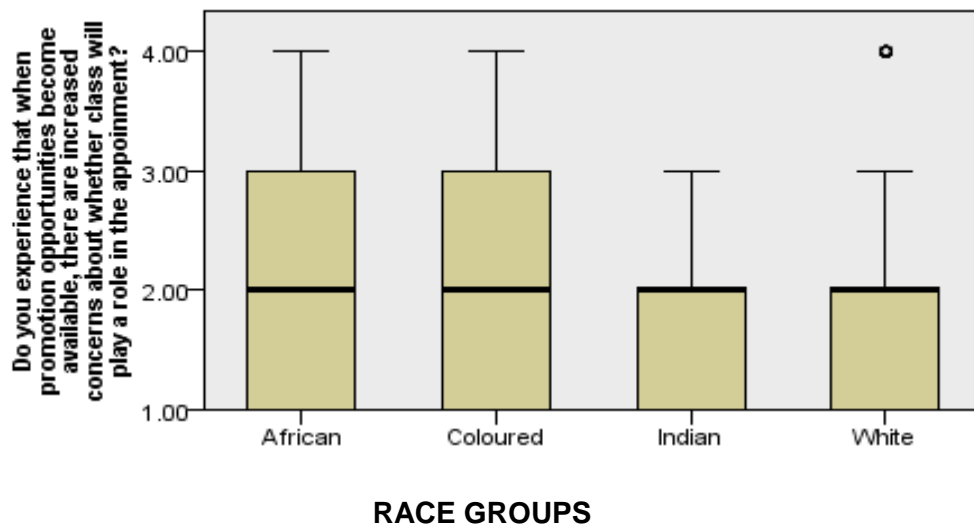


Figure 4.17: Kruskal-Wallis reflects the responses pertaining to Question 4.2

A statistically significant difference ($p < .001$) was found between the views of African, Coloured, Indian and White participants regarding increased concerns that class will play a role when promotional opportunities become available (Figure 4.17). The Indian and White

groups were more certain that there were no increased concerns that class will play a role when promotional opportunities became available (their upper quartiles and means are 2 (slightly) with the lower quartiles at 1 (not at all). The interquartile range of the African and Coloured groups also reflects a lesser possibility that there are increased concerns that class will play a role when promotional opportunities were available. Yet their views differed as their boxes are wider, from 1 (not at all) to 3 (moderately). One can therefore deduce that the Coloured and African groups somehow considered that class could play a role.

No statistically significant difference ($p < 0.542$) was found between the views of professional nurses and operational managers on whether there will be increased concerns that class will play a role when promotional opportunities become available (Table 4.9). It was also no statistically significant difference ($p < 0.287$) between the views of male and female nurses regarding increased concerns at the prospect of class playing a role when promotional opportunities became available.

Question 4.3: An estimation of increased concerns on the role that gender will play in an appointment when promotional opportunities become available (n=536).

A statistically significant difference ($p < .000$) was revealed between the views of African, Coloured, Indian and White participants in terms of whether there are increased concerns that gender will play a role when promotional opportunities become available (Figure 4.18).

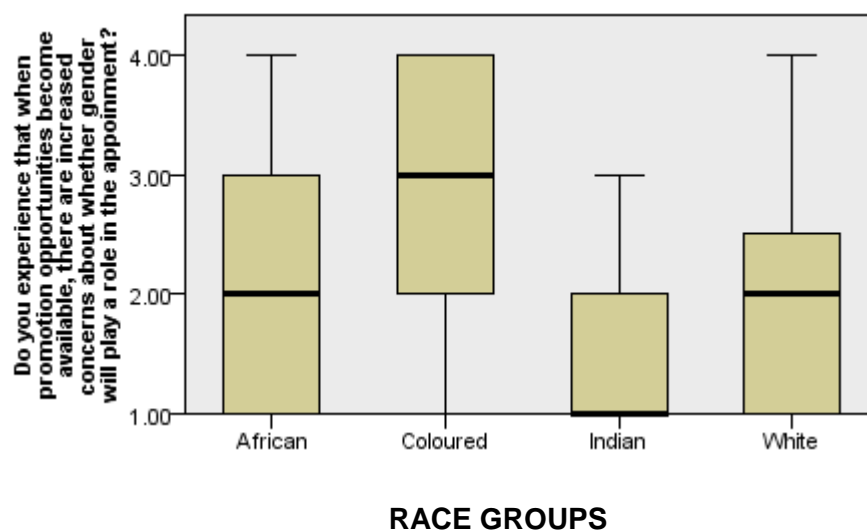


Figure 4.18: Kruskal-Wallis reflects the responses pertaining to Question 4.3

The upper quartile of the Coloured group is on 4 (absolutely) with no upper whisker suggesting that this group was quite convinced that there would be increased concerns that gender would

influence promotions. The Indian and White group on the other hand were less convinced that this might be the case. The African group also seemed to be less convinced about increased concerns that gender might influence promotions; they were yet more divided on the matter (their interquartile range was rather wide compared to that of the Indian and White groups).

No statistically significant difference ($p < 0.094$) was revealed between the views of professional nurses and operational managers on whether there would be increased concerns that gender would play a role when promotional opportunities became available (see Table 4.9). There was also no statistically significant difference ($p < 0.573$) between the views of male and female nurses pertaining to increased concerns that gender might play a role when promotional opportunities became available.

Question 4.4: An estimation of increased concerns on the role that the EEA will play in an appointment when promotional opportunities become available (n=538).

A statistically significant difference ($p < .000$) existed between the views of African, Coloured, Indian and White participants on whether there are increased concerns that the EEA will play a role in appointments when promotional opportunities become available (Figure 4.19).

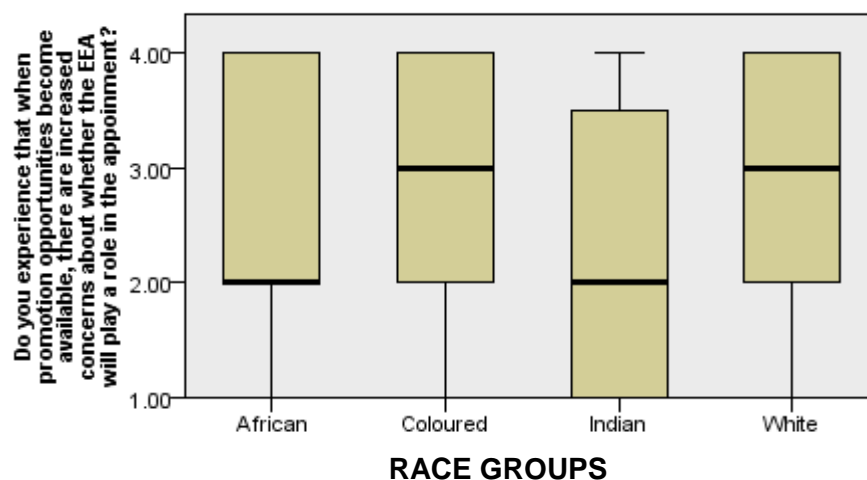


Figure 4.19: Kruskal-Wallis reflects the responses pertaining to Question 4.4

The upper quartile of all the groups, except the Indian group, is 4 (absolutely) with no upper whisker suggesting that the African, Coloured and White groups are quite convinced that the EEA will play a role in appointments. The means of the African and Indian groups are 2 (slightly) while the means of the Coloured and White groups are 3 (moderately) suggesting that the Coloured and White groups were more convinced about increased concerns on the role of the EEA on appointments.

No statistically significant difference ($p < 0.106$) was shown between the views of professional nurses and operational managers on whether there would be increased concerns that the EEA would play a role when promotional opportunities became available (Table 4.9). No statistical significant difference ($p < 0.222$) existed between the views of male and female nurses on whether there might be increased concerns that the EEA would play a role when promotional opportunities became available.

Question 4: Responses to the open-ended question with reference to concerns about the influence of race, class, gender and the EEA on promotion (n=79).

Four themes emerged from the data: Race, gender, class and nepotism and bribery.

Race: The comments pertaining to race from the Coloured participants at the participating public hospital in the WC signify the presence of anxiousness, being solicitous about the appointment and promotion of African nurses; that those who were not African would get the short end of the stick: *"Black people are favoured more than other races. This is my personal opinion"; "Mostly African people are promoted" and "Yes if you not Black enough you won't get the post"* (WC - public sector).

African participants commented on the low representation of Africans in managerial positions: *"Management office all dominated by whites. No Africans at all - not even unit managers"*. Another comment: *"There is not a single unit manager that is black at my hospital and this disgusts me. I'll just say "slightly" on all the above, because otherwise I'll just get more upset about this - it is almost as if we don't get recognised"* (WC - private sector).

Concerns about the role of race in promotion were also raised by White participants in the private sector: *"It is often voiced by some of my colleagues that with the new legislation if whites apply for promotion, that it will be overlooked for blacks or other previous disadvantaged groups as there is an active drive in the group to align themselves with EEA initiatives. Concerns are also raised that the company will favour colour as appose to qualifications or experience"* (WC - private sector).

Participants in Gauteng, private and public sectors referred to the role of race but in a less anxious manner: *"Really difficult to comment accurately on racial issues, as the majority of the employees are Africans - 99.9%"* (GP - public sector), *"More Black and Coloured nurses are employed"* (GP - private sector).

Gender: Participants in both sectors and provinces were concerned about the role of gender in promotion. It appeared that some facilities were quite serious about appointing males; that the candidate was appointed irrespective of a poor performance in the interview: *"Since 2014*

men are more considered when promotion opportunities available. Employment equity is not properly followed at this hospital. There is a problem need to be considered, most men usually fail dismally during the interview but still selected even if a man got 48% marks” (WC - public sector).

Participants in Gauteng in the public sector had differing views; some averred that males were not treated fairly in terms of promotion while others indicated that they were favoured: *“Profession is dominated by females from African background. Men are being overlooked and discriminated against”*; and *“because males are few and are given first preference”*.

Comments from those in the private sector in Gauteng also reflected favouritism of males: *“Males also get higher salaries”*, and *“Africans take preference above others of colour and men above women”*.

Class: Race as a social construct and the inferior outlook towards Africans surfaced again in the Western Cape: *“Because I am an African, I am not a considered as a person who may hold high position. Because of my race and clan”*.

Nepotism and bribery: Bribery, good relationships and affiliation with social clubs seemingly influenced promotion practices at the participating public hospital in Gauteng: *“Sometimes people are hand-picked to apply and are given tips on which areas to read in preparation for interviews. And this is followed by a reward, because those will get their promotion irrespective of how bad they performed. Money talks – “give me this, and I will give you that”*. Another comment: *“They preferred to give promotional posts to nurses they know socially”*.

4.3.5 Question 5

This question focuses on the extent that the Employment Equity Act is implemented in a facility; the presence, training, encouragement and successes of African, Coloured and Indian nurses with promotion. The results are displayed in Table 4.10 and 4.11 (Annexure H).

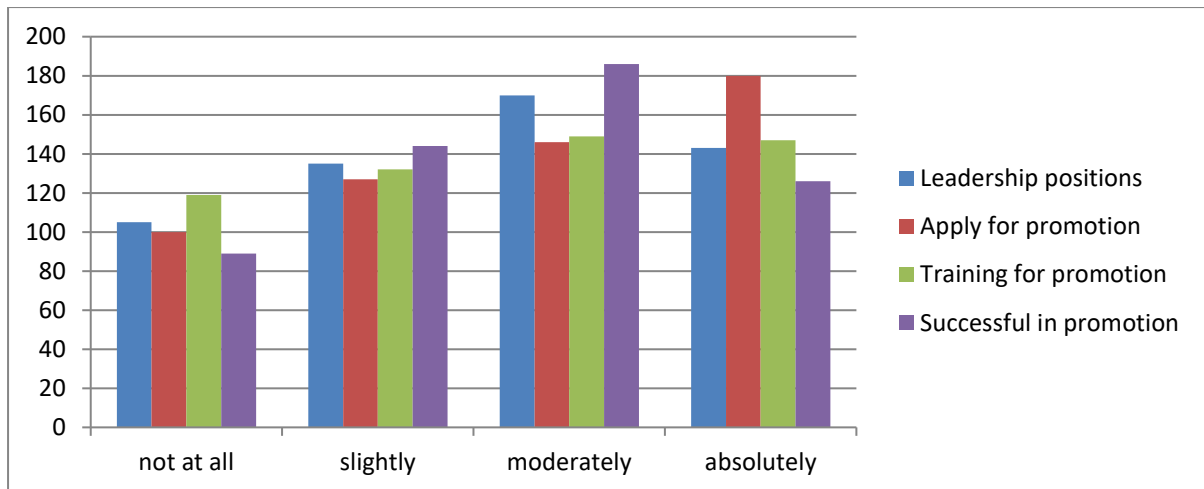


Figure 4.20: The graph reflects the extent to which the Employment Equity Act is implemented in terms of nurses of colour

General overview in terms of frequencies: Figure 4.20 illustrates that in general nurses of colour were encouraged to apply for promotion. However, their successes in terms of promotions were generally viewed to be moderate. Furthermore, the frequency distributions in the graph confirm that females of colour were encouraged to apply for promotion and that they did receive training that enabled them to be promoted. One can therefore conclude that the implementation of the EEA was being implemented effectively.

Question 5.1: An assessment of whether promotions into leadership positions reflect the presence of African, Coloured and Indians nurses (n=542).

A statistically significant difference ($p < .000$) was noted between the views of African, Coloured, Indian and White participants on whether leadership positions reflect the presence of African, Coloured and Indians nurses (Figure 4.21).

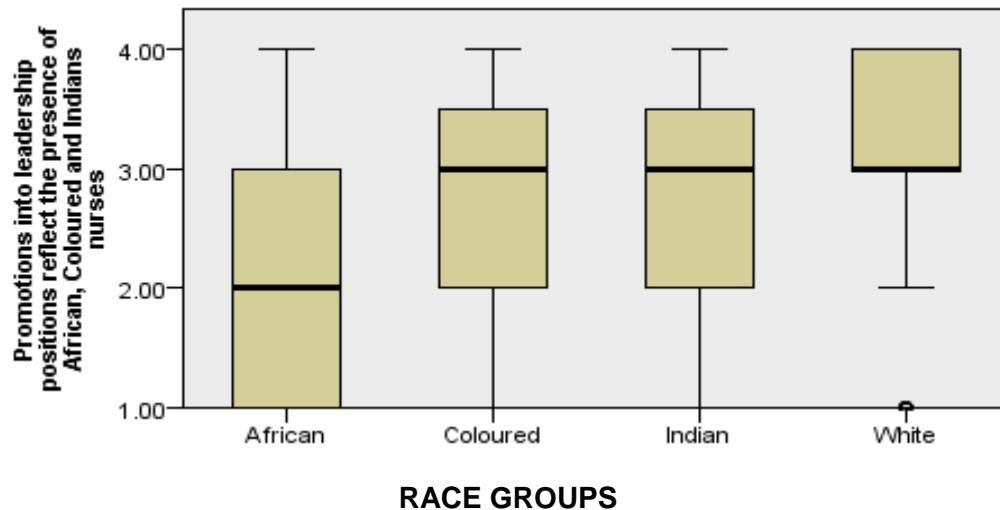


Figure 4.21: Kruskal-Wallis reflects the responses pertaining to Question 5.1

The upper quartile of the White group is 4 (absolutely), the lower quartile 3 (moderately) and the box is quite compact reflecting more agreement among the White group that African, Coloured and Indians nurses occupy leadership positions. Yet the interquartile range of the Indian and Coloured groups are wider reflecting more differing views on whether African, Coloured and Indians nurses occupy leadership positions. The interquartile range of the African group is lower, between 1 (not at all) and 3 (moderately) reflecting the most disagreement that African, Coloured and Indians nurses occupy leadership positions. The results therefore show alignment with who had been the most disadvantaged during the apartheid period.

No statistically significant difference ($p < 0.174$) was shown between the views of professional nurses and operational managers on whether African, Coloured and Indians nurses occupy leadership positions (Table 4.11). There was also no statistically significant difference ($p < 0.666$) between the views of male and female nurses on whether African, Coloured and Indians nurses occupy leadership positions.

Question 5.2: An assessment of whether African, Coloured and Indian nurses are encouraged to apply for promotion (n=542).

The Kruskal-Wallis test showed a statistically significant difference ($p < .000$) between the views of African, Coloured, Indian and White participants on African, Coloured and Indians nurses are encouraged to apply for promotion (Figure 4.22).

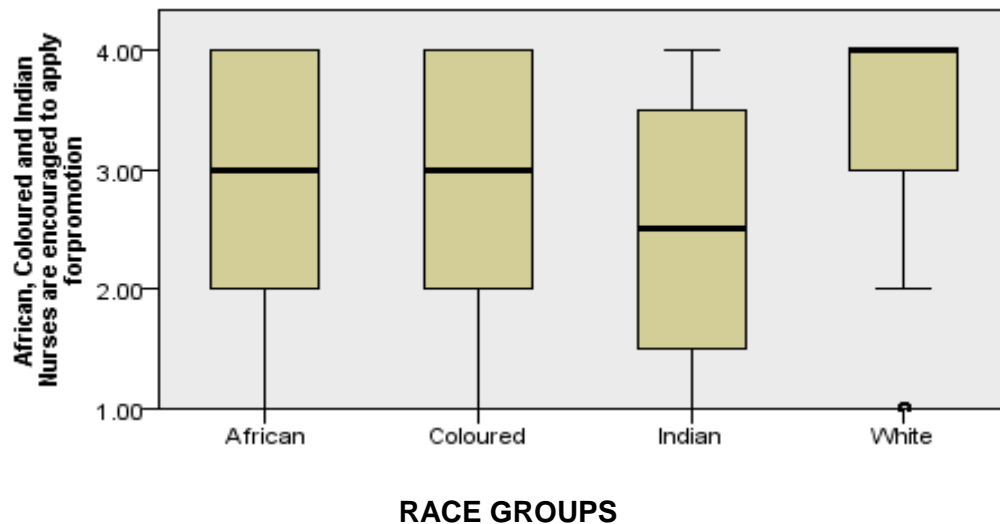


Figure 4.22: Kruskal-Wallis reflects the responses pertaining to Question 5.2

Considering the interquartile range of all the groups it is clear the African, Coloureds and White groups were in agreement that African, Coloured and Indians nurses were encouraged to apply for promotion. Yet the White groups upper quartile and mean are 4 (absolutely) with the most compact interquartile range, reflecting more agreement amongst this group that African, Coloured and Indians nurses were encouraged to apply for promotion. The Indian group is yet more uncertain to agree as their lower quartile is beyond 2 (slightly).

The Mann-Whitney U test showed no statistically significant difference ($p < 0.906$) between the views of professional nurses and operational managers on whether African, Coloured and Indians nurses were encouraged to apply for promotion (Table 4.11). The Mann-Whitney U test also showed no statistically significant difference ($p < 0.280$) between the views of male and female nurses on whether African, Coloured and Indians nurses were encouraged to apply for promotion.

Question 5.3: An assessment of whether African, Coloured and Indians nurses receive training that will enable them to be promoted (n=542).

The Kruskal-Wallis test showed a statistically significant difference ($p < .000$) between the views of African, Coloured, Indian and White participants on whether African, Coloured and Indians nurses training that will enable them to be promoted (Figure 4.23).

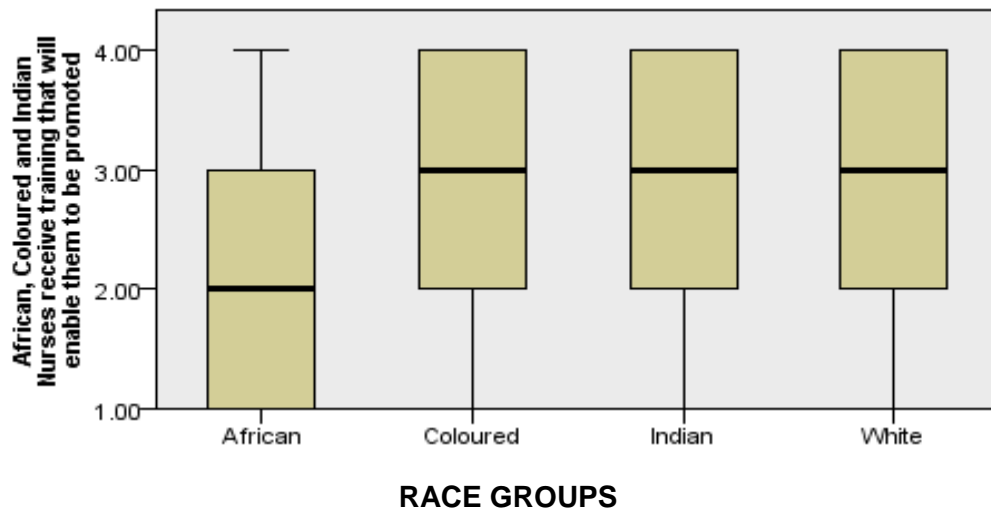


Figure 4.23: Kruskal-Wallis reflects the responses pertaining to Question 5.3

The results displayed in Figure 4.19 demonstrate agreement amongst the Coloured, Indian and White groups that African, Coloured and Indians nurses received training that enabled them to be promoted (interquartile range between 4, i.e. moderately and 2, i.e. slightly). Yet the African group was less convinced on this matter as their interquartile range stretches between 3 (moderately) and 1 (not at all).

The Mann-Whitney U test showed no statistically significant difference ($p < 0.336$) between the views of professional nurses and operational managers on whether African, Coloured and Indian nurses received training that facilitated their promotions (Table 4.11). Yet the Mann-Whitney U test showed a statistically significant difference ($p < 0.029$) between the views of male (mean=2.27, SD=1.026) and female nurses (mean=2.63, SD=1.102) on whether African, Coloured and Indians nurses received training that would support their promotions. The latter indicates that the female group is more convinced about the provision of the training.

Question 5.4: An assessment of whether African, Coloured and Indian nurses are successful when applying for promotion (n=534).

The Kruskal-Wallis test showed a statistically significant difference ($p < .000$) between the views of African, Coloured, Indian and White participants on whether African, Coloured and Indians nurses were successful when applying for promotion (Figure 4.24).

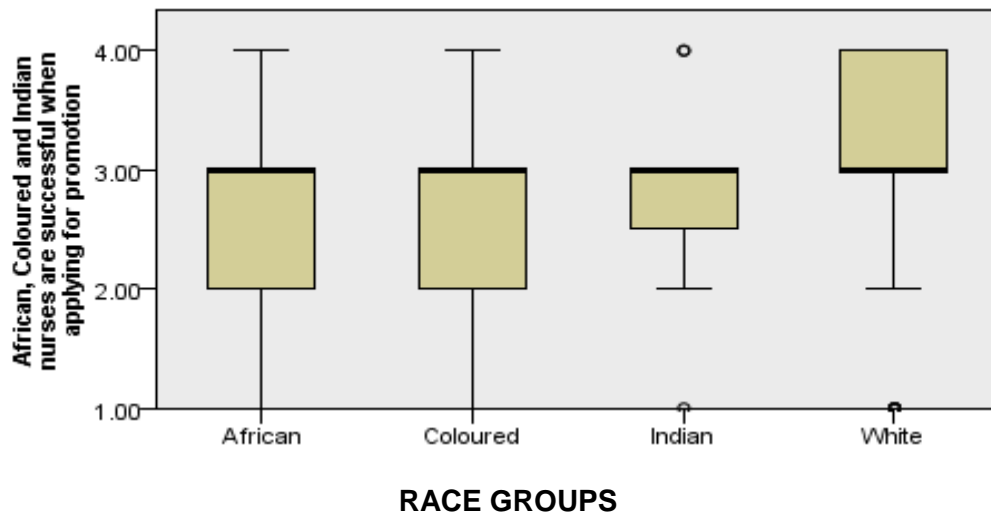


Figure 4.24: Kruskal-Wallis reflects the responses pertaining to Question 5.4

The White group reflected a conclusive response that African, Coloured and Indians nurses were successful when applying for promotion; the interquartile range is between 3 (moderately) and 4 (absolutely) with no upper whisker. However, the upper quartile of all the other groups is 3 (moderately), reflecting a less convincing stance about being successful when applying for promotion.

The Mann-Whitney U test showed no statistically significant difference ($p < 0.238$) between the views of professional nurses and operational managers on whether African, Coloured and Indians nurses were successful when applying for promotion (see Table 4.11). The Mann-Whitney U test also supported no statistically significant difference ($p < 0.323$) between the views of male and female nurses on whether African, Coloured and Indians nurses were successful when applying for promotion.

Question 5: Responses to the open-ended question with reference to the extent to which the EEA is implemented (n=124).

Three themes emerged from the data: managerial positions according to race, staff development and promotion and favouritism and nepotism.

Managerial positions according to race: From the comments the researcher was able to conclude that the participating public hospital in the Western Cape generally had Coloureds in managerial positions. The African participants therefore commented on the dominance of Coloureds in managerial positions: *“Coloured nurses have better opportunities than Africans. Most Coloureds are into leadership positions except Africans”* (WC – public sector). The responses of the Coloured participants however reflected that they might not value the implementation of

the EEA: *“Only African nurses are successful when applying for promotion”* (WC – public sector); *“Equity favours the Africans only unfortunately”* (WC – public sector).

As mentioned previously, managerial positions at the participating public hospital in the Western Cape were occupied predominantly by Coloured nurses. However, some African participants made comments that could be considered to be untrue in context, for example: *“Top management is occupy by White old people followed by Coloured people”* (WC – public sector).

Furthermore, African participants commented on the low representation of African nurses in managerial positions in the private sector in the Western Cape: *“There is none of them in leadership posts. I don't know if they are given opportunity to apply, but the other race does not need experience to have those higher posts”* and *“There are no Africans in the leadership, there is never encouragement. We are always seeing someone appointed, all the Indians from India are working in the ICU's & theatres & there are a few coloureds in management”* (WC – private sector).

On average, African nurses occupied managerial positions at the participating public hospital in Gauteng. Participants at this hospital commented that it was difficult to answer the current question about the implementation of the EEA as the hospital was also situated in a traditionally African community: *“Institution dominated by Africans - maybe other races is not interested to serve in an African dominated Institution”* and *“Difficult to say because our institution is based in an African community”* (GP – public sector).

On visiting the participating private hospitals in Gauteng for research purposes, the researcher observed that there was a noticeable presence of females of colour in management positions. Participants however, indicated that usually White nurses were successful when these positions became available: *“African, coloured and Indian nurses are at times encouraged to apply for leadership positions, BUT management already knows who they want for these positions. Interviews are only done for formality reasons and in most cases a white person gets that position”* (GP – private sector). Some comments were also unfounded: *“Coloureds, Africans and Indians do not occupy top management posts”* (GP – private sector).

Staff development and promotion: Promotion into managerial positions required a minimum of two years' experience as a professional nurse in private healthcare and 9 years in the public sector (see Qualifications and advancement in Chapter 1). A postgraduate diploma in nursing management is not a requirement for promotion in senior managerial positions in the private sector but necessary for senior managerial positions in the public sector. Participants however aver that it was difficult to obtain study leave and that they therefore did not qualify for

promotion: *“It is difficult to received assistance e.g. study leave to do nursing administration even on a part-time basis, which makes applying for promotion even more difficult due to lack of qualification”* (WC – public sector); *“Most people apply to further their studies without being successful”* (GP – private sector). Another comment suggests discrimination in terms of who was granted study leave: *“Most of the study opportunities are given to whites in our department - they get 95% chance where as our Africans get 5%”* (WC – private sector).

Favouritism and nepotism: Various comments signify that candidates were identified beforehand and that nepotism was quite common, specifically in the public sector in Gauteng: *“Leadership positions given to friends and relatives of those in management positions”* (GP – public sector) and *“Favouritism is rife. Some nurses are given training relevant to their position, others are given training not relevant to their positions. Others will even fight to go for training”* (GP – public sector).

4.3.6 Question 6

This question concerns the possibility that the facility’s promotional practices could reflect preferential selection in terms of certain race groups. The results are displayed in Table 4.12 and 4.13 (Annexure H).

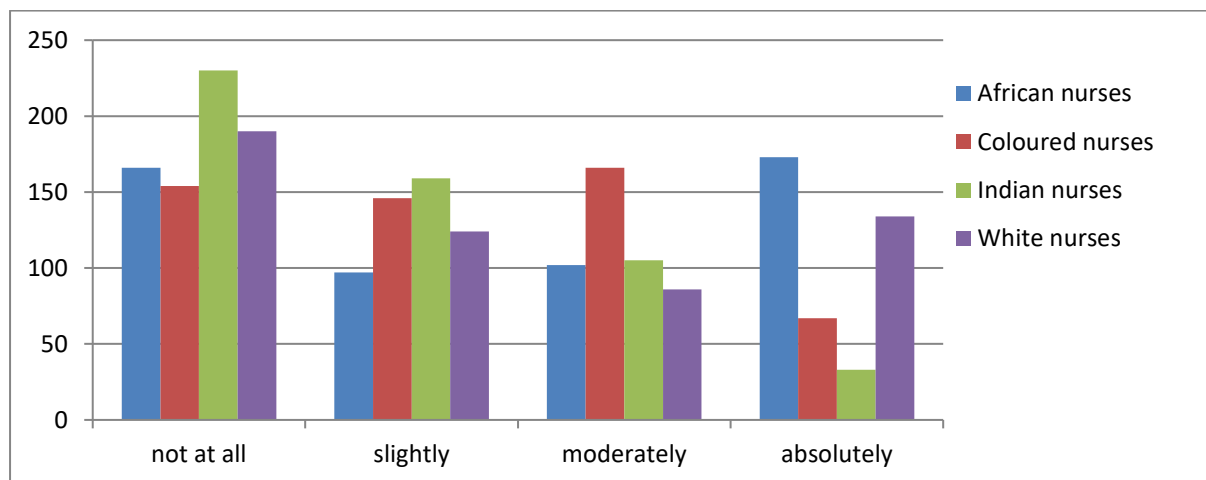


Figure 4.25: Displaying the facility’s promotion practices in reflecting an over consideration of a particular race group

General overview in terms of frequencies: The illustration provided in Figure 4.25 generally shows that the promotional practices of facilities do not reflect an over-consideration of either group if one focuses on the “not at all” distribution. However, when focusing on the “absolute” distribution, there is an idea that White and African nurses were seemingly most successful. Coloured nurses were considered for promotion less so.

Question 6.1: An assessment of views whether the facility's promotion practices reflect an over-consideration of African nurses (n=528).

The Kruskal-Wallis test showed a statistically significant difference ($p < .000$) between the views of African, Coloured, Indian and White participants on whether their facility's promotion practices reflects an over-consideration of African nurses (Figure 4.26).

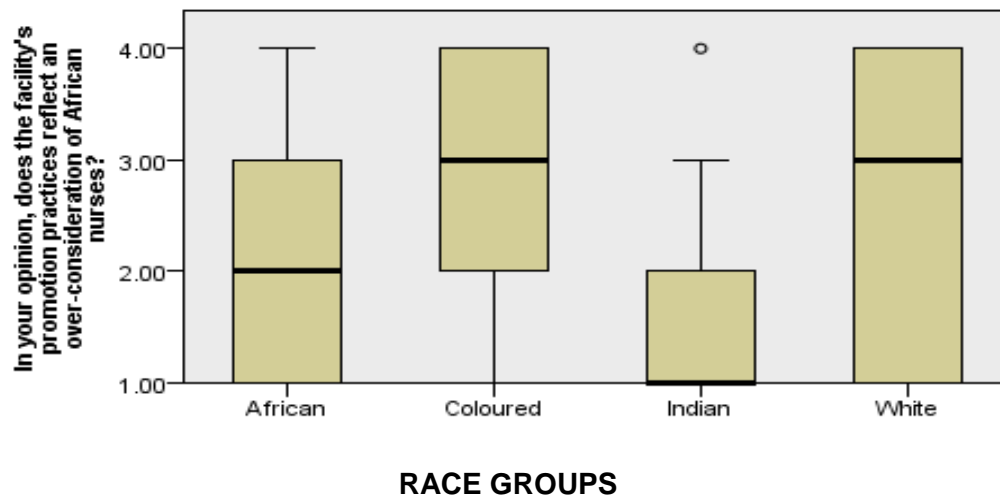


Figure 4.26: Kruskal-Wallis reflects the responses pertaining to Question 6.1

The Coloured and White groups were divided on the issue of particular consideration of African nurses for promotion. The interquartile range of the Coloured's is between 4 (absolutely) and 2 (moderately) reflecting more agreement with an over-consideration of African nurses. The White group is much divided on the issue as their interquartile range is between 4 (absolutely) and 1 (not at all). The interquartile range of the Indian group is between 2 (slightly) and 1 (not at all), indicating that there was no great concern regarding African nurses being considered for promotion at their respective facilities. The views of the African group (50%) is between 3 (moderately) and 1 (not at all) indicating that they did not agree with the statement.

The Mann-Whitney U test provided a statistically significant difference ($p < 0.002$) between the views of professional nurses (mean=2.46, SD=1.22) and operational managers (mean=2.95, SD=1.19) on whether African nurses were being considered for promotion above others (Table 4.13). It therefore appears that the operational managers were more in agreement than the professional nurses that there was an unease about the promotion of predominantly African nurses. However, the Mann-Whitney U test showed no statistical significant difference ($p < 0.069$) between the views of male and female nurses on whether African nurses were being favoured in promotion practices.

Question 6.2: An assessment of views whether the facility's promotion practices reflect an over-consideration of Coloured nurses (n=524).

The Kruskal-Wallis test showed no statistically significant difference ($p < .096$) between the views of African, Coloured, Indian and White participants on whether their facility's promotion practices reflected a distinctive consideration of Coloureds nurses over others (Table 4.13).

The Mann Whitney U indicated no statistically significant difference ($p < 0.644$) between the views of professional nurses and operational managers on whether Coloured nurses were prioritized in promotion practices (Table 4.13). It was also established that there was no statistically significant difference ($p < 0.654$) between the views of male and female nurses regarding whether Coloured nurses were being chosen above others in promotion practices.

Question 6.3: An assessment of views whether the facility's promotion practices reflect an over-consideration of Indian nurses (n=518).

The Kruskal-Wallis test presented no statistical significant difference ($p < 0.235$) between the views of African, Coloured, Indian and White participants whether their facility's promotion practices reflected consideration of Indian nurses over others (Table 4.13).

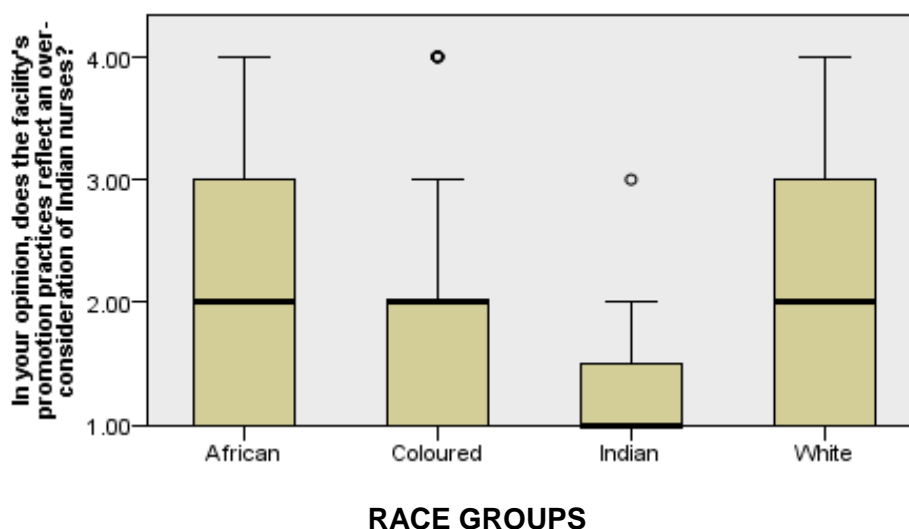


Figure 4.27: Kruskal-Wallis reflects the responses pertaining to Question 6.3

The Mann-Whitney U test showed no statistically significant difference ($p < 0.186$) between the views of professional nurses and those of operational managers whether Indian nurses were favoured in promotion practices (Table 4.13). The test also confirmed no statistically significant difference ($p < 0.578$) between the views of male and female nurses whether there was such bias towards Indian nurses in promotion practices.

Question 6.4: An assessment of views whether the facility's promotion practices reflect an over-consideration of White nurses (n=525).

The Kruskal-Wallis test exposed a statistically significant difference ($p < 0.000$) between the views of African, Coloured, Indian and White participants whether their facility's promotion practices reflected an over-consideration of White nurses (Figure 4.28).

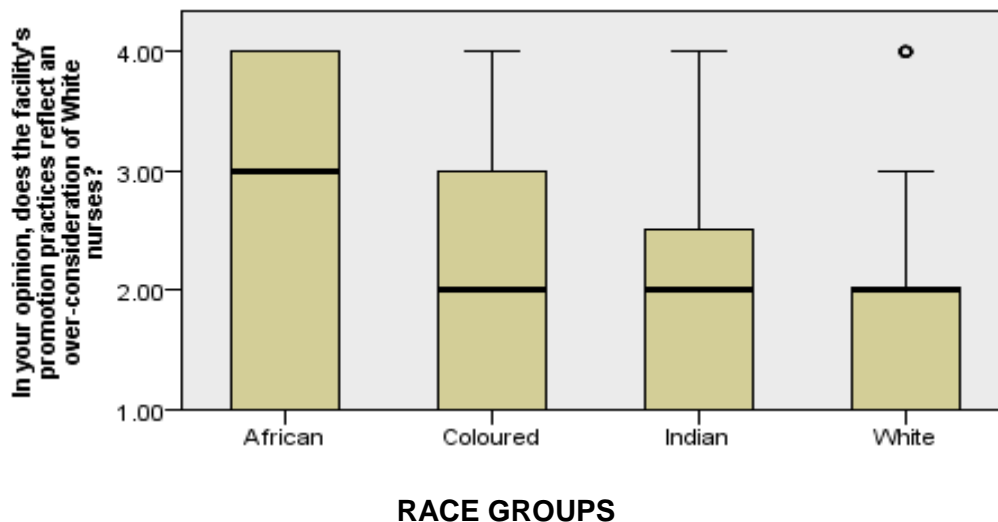


Figure 4.28: Kruskal-Wallis reflects the responses pertaining to Question 6.4

The boxplot in Figure 4.28 shows clearly the differing views of the race groups. The interquartile range of the African group is between 4 and 1 and has no upper whisker with a mean of 3; reflecting a convincing stance about an over-consideration of White nurses in promotion practices. The means of all the other groups are 2 and their interquartile ranges are not extremely large - 3 to 1 for the Coloured group while that of the White and Indian groups are smaller; signifying that change had taken place.

The Mann-Whitney U test reflected no statistically significant difference ($p < 0.053$) between the views of professional nurses and operational managers whether White nurses were preferred in promotion practices over others (Table 4.13). A statistically significant difference ($p < 0.019$) was found between the views of male (mean=2.71, SD=1.184) and female nurses (mean=2.28, SD=1.191) on whether there was preferential selection of Coloured nurses in promotion practices. The differences in the means and SDs (standard deviations) provide that males were more convinced than females that White nurses benefitted in promotion practices.

Question 6: Responses to the open-ended question with reference to the over-consideration of a race in terms of promotional practices (n=103).

Three themes emerged from the data: Employing Africans nurses to balance the scale, preference given to White nurses; stereotyping African nurses.

Employing Africans nurses to balance the scale: The Western Cape province has a Coloured majority; subsequently more Coloured nurses occupied managerial positions at the public hospital that participated in the province. To create equality at the time, more African nurses had been appointed at the hospital. Some respondent-comments reflected annoyance with the promotion of African nurses: *“For every one coloured or white nurse 10 black nurses are considered and employed”*; *“Lately, most African nurses are employed”* (WC – public sector).

Some of the comments signified that efforts to apply the EEA at the hospital were not well received: *“African nurses of other provinces and even other countries are promoted into positions no fair play”* (WC – public sector).

Preference given to White nurses: According to the comments from respondents, White nurses were appointed generally in leadership positions at the private hospitals: *“Most managerial positions are occupied by whites”*; and *“White nurses always considered in this facility - blacks fill lower posts”* (GP – private sector).

Stereotyping of African nurses: Although the current question related to priority being given to one particular race in promotion practices, several comments were received that point to stereotyping the abilities of African nurses: *“African nurses are still seen as less productive than other races. Therefore, unit managers are more sceptical about taking on Black nurses”* (WC – public sector); and *“Black matrons in 2013 were told by a senior matron that they are not competent. So, she took a white unit manager to occupy a top position”* (GP - private sector). Another comment: *“One get African nurses that are employed by they do not learn fast and are more intend to feel they much received advantage treatment because of Employment Equity Act”* (WC – private sector).

4.3.7 Question 7.1

This question explores the issue of middle-class backgrounds influencing the success rate of individuals in terms of promotion

The results are displayed in Table 4.14 and 4.15 (Annexure H). The reader is reminded that class was categorized as explained in Chapter 2; e.g. rich vs. poor, managers vs. followers, race as a social construct implying hierarchies of race; male vs. female ultimately implying structures of power that could oppress others.

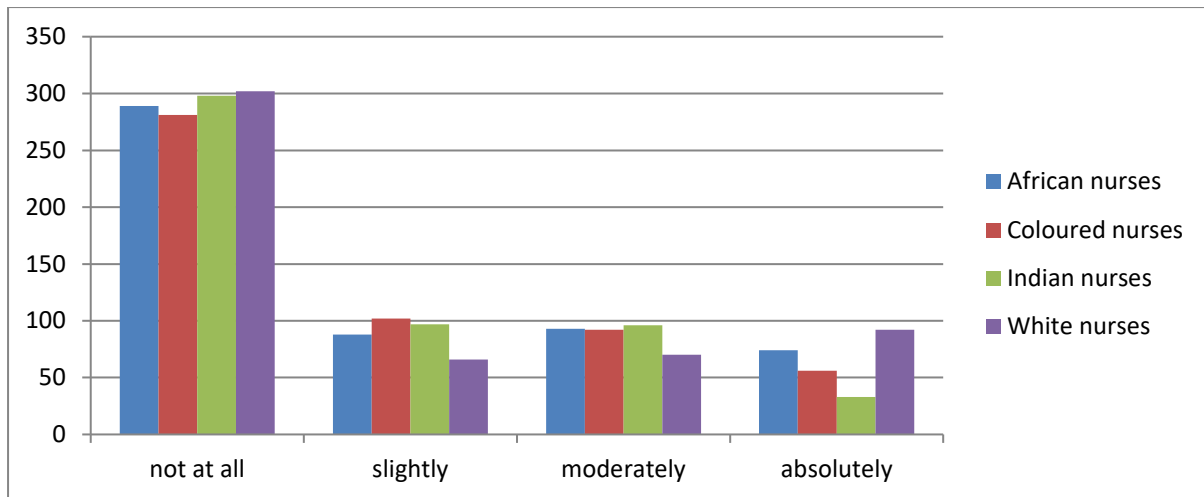


Figure 4.29: Reflection on middleclass background influencing promotion success ratings

Figure 4.29 illustrates that coming from a middle-class background does not influence one's chances of being promoted. Some respondents indicated that White nurses who came from middle-class backgrounds were provided preferential treatment in the promotion processes.

Question 7.1.1 An estimation of whether a middle-class background influences the success rate of African nurses (n=538).

The Kruskal-Wallis test showed no statistically difference ($p < 0.160$) among the views of African, Coloured, Indian and White participants regarding the influence of their middle-class backgrounds upon the promotion success of African nurses (Table 4.15).

The Mann-Whitney U test indicated no statistically significant difference ($p < 0.733$) between the views of professional nurses and operational managers whether a middle-class background influences the promotion success rate of African nurses (Table 4.15). The Mann-Whitney U test also showed no statistically difference ($p < 0.884$) between the views of male and female nurses whether coming from a middle-class background influences the promotion success rate of African nurses.

Question 7.1.2 An estimation whether coming from a middle-class background influences the success rate of Coloured nurses (n=525).

The Kruskal-Wallis test presented no statistically difference ($p < 0.224$) of the views of African, Coloured, Indian and White participants regarding the influence of a middle-class background on the promotion prospects of Coloured nurses (Table 4.15).

The Mann Whitney U test also showed no statistically significant difference ($p < 0.149$) between the views of male and female nurses whether a middle-class background influences the success of promotion of Coloured nurses (Table 4.15). Also, the Mann-Whitney U test indicated no statistically difference ($p < 0.148$) between the views of male and female nurses whether a middle-class background influences the success of promotion of Coloured nurses.

Question 7.1.3 An estimation whether coming from a middle-class background, influence the success rate of Indian nurses (n=518).

The results of the Kruskal-Wallis test proved that there was no statistically significant difference ($p < 0.431$) in the views of African, Coloured, Indian and White participants whether a middle-class background influenced the possibility of promotion of Indian nurses (Table 4.15).

According to the Mann-Whitney U test, a statistically significant difference ($p < 0.010$) in terms of the views of professional nurses (mean=1.78, SD=0.982) and operational managers (mean=1.47, SD=0.804) whether coming from a middle-class background influenced the success of promotion of Indian nurses (Table 4.15). The latter indicates that the professional nurses are more in agreement than the operational managers that a middle-class background, influenced the success of promotion of Indian nurses. However, the Mann-Whitney U test showed no statistically significant difference ($p < 0.149$) in the views of male and female nurses whether a middle-class background influenced the success of promotion among Indian nurses.

Question 7.1.4 An estimation of whether a middle-class background influences the success rate of White nurses (n=524).

The Kruskal-Wallis test showed a statistically significant difference ($p < 0.036$) in the views of African, Coloured, Indian and White participants whether a middle-class background influenced the promotion success rate of White nurses (Table 4.15).

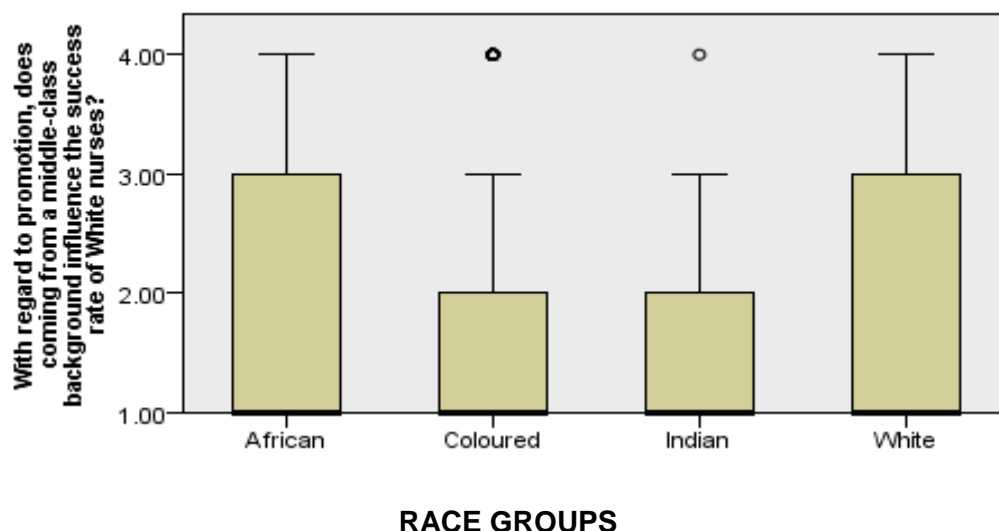


Figure 4.30: Kruskal-Wallis reflects the responses pertaining to Question 7.1.4

The boxplot in Figure 4.30 shows clearly the differing views of the race groups. The interquartile ranges of the African and White groups are between 3 and 1. They are also the only groups with an upper quartile of 3; reflecting a more convincing stance than the other groups that a middle-class background influenced the promotion success rate of White nurses. The interquartile ranges of the Coloured and Indian groups area between 1 and 2 and the boxes are more compact, providing that there was more agreement that a middle-class background has little influence on the successful promotion of White nurses.

The Mann-Whitney U test disclosed a statistically significant difference ($p < 0.008$) between the views of professional nurses (mean=1.96, SD=1.195) and operational managers (mean=1.54, SD=0.918) whether a middle-class background influenced the success of promotion of White nurses (Table 15). The professional nurses are more in agreement than the operational managers that coming from a middle-class background benefitted White nurses in terms of promotion. However, the Mann-Whitney U test showed no statistically significant difference ($p < 0.073$) between the views of male and female nurses whether a middle-class background influenced the promotion of White nurses.

Question 7.1: Responses to the open-ended question with reference to the influence of a middle-class background on promotion (n=74).

Three themes emerged from the data: Class, language proficiency and professional conduct, influence and affiliation and racism.

Class, language proficiency and professional conduct: Differing comments were received regarding the influence of a middle-class background on promotion. Participants from both

sectors and provinces indicated that class did not influence the promotion process: *"I don't think that upbringing will influence promotion - qualifications will"* (WC – private sector); *"Not at all. At our hospital qualifications and experience work and background doesn't play a role"* (GP – private sector); *"Not at all, but hard work and being responsible"* (GP – public sector).

Other participants from both sectors and provinces also indicated that an exclusive background of those who apply, could influence the promotion process. The value of language proficiency or the capacity to be able to speak eloquently and professional conduct seem to count: *"Middle class background can only benefit the candidate in the fact that that person might have had training and a better outlook on life and promotion as it might be instilled in them"* (WC – public sector); *"Definitely a more eloquently speaking confident applicant with a strong educational background would be promoted than a staff member struggling with the Business language and the Nursing culture"* (WC – private sector); *"Those coming from a higher class are considered better"* (GP – public sector); *"Middle class background influence your success"* (GP – private sector); *"It's all on how nurses speak, dress and present, conduct themselves"* (WC – private sector).

Influence and affiliation: Except for the role of class on promotion some participants in Gauteng in the public sector believed that affiliation with social clubs and political parties played a definite role: *"People who are considered are those attending similar social clubs and political parties. Failure to be a Unionist, will be a disadvantage to success"*.

Other participants also considered the value of family ties among African nurses in certain hospitals; that these relationships assisted in providing posts to certain people: *"In other hospitals most relatives are working together, especially African nurses. This causes employer to give them posts according to their relationship to one another"* (GP – public sector).

Racism: Various participants commented that class had no role in the promotion process and that promotion is primarily about race; that being African minimizes one's chances; that you are viewed as inferior: *"Most of the time coming from a middle-class background does not influence the success but Africans are still ignored at this hospital. All Africans whether coming from middle class background still being undermined"*; *"Race is an issue, not so much class"* (WC – Public sector). The participant explains that irrespective of a middleclass background, simply being African diminishes one's chances of success at the facility, emphasising the salience of race at the facility.

4.3.8 Question 7.2

This question explores the role of a working-class background on the success rate of promotion within the various race groups. The results are displayed in Table 4.16 and 4.17 (Annexure H).

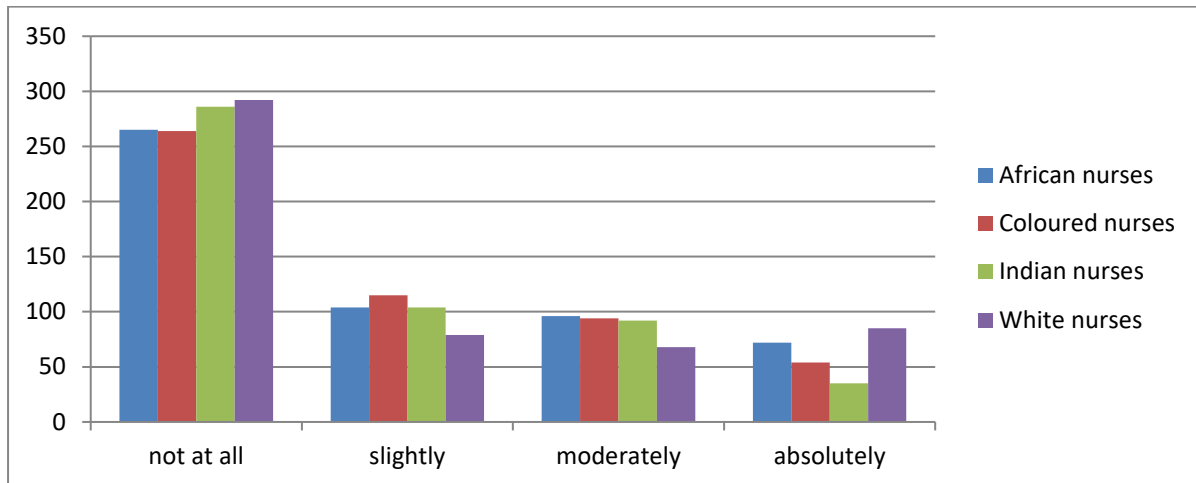


Figure 4.31: Reflection on working class background influence promotion success ratings

Figure 4.31 illustrates that a working-class background does not influence one's chances of being promoted. Some respondents indicated that promotion processes were definitely influenced in the case of White nurses who came from working-class backgrounds.

Question 7.2.1 An estimation of whether a working-class background influences the success rate of African nurses (n=537).

The Kruskal-Wallis test showed a statistically significant difference ($p < 0.014$) in the views of African, Coloured, Indian and White participants whether a working-class background influences successful promotion of African nurses in certain facility's (Figure 4.32).

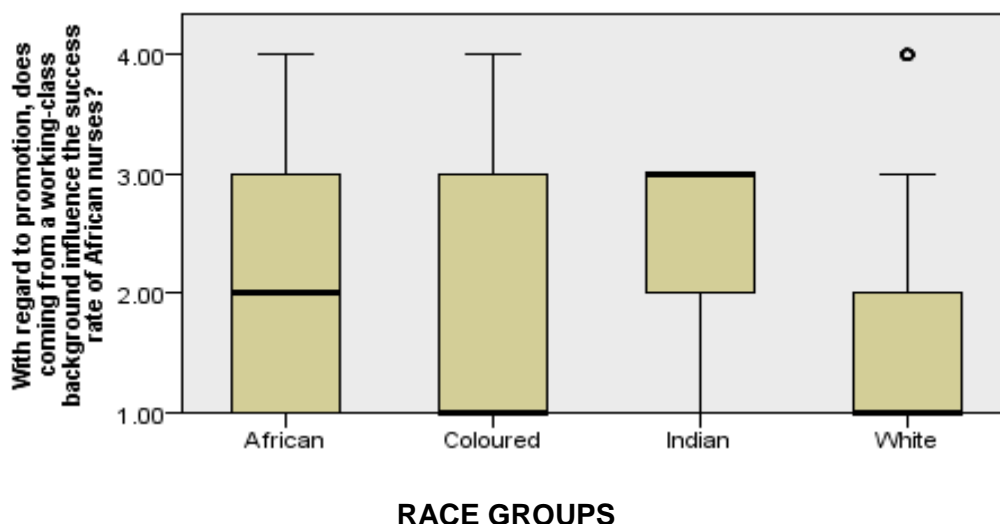


Figure 4.32: Kruskal-Wallis reflects the responses pertaining to Question 7.2.1

The views of the various race groups differ on the subject of the influence of a working-class background on the promotion of African nurses. The means of the White and Coloured group are 1 (not at all) and that of the African group is 2 (slightly). The Indian group was more positive about the influence of a working-class background as the mean of the group is 3 (moderately).

The Mann-Whitney U test confirmed no statistically significant difference ($p < 0.509$) between the views of professional nurses and operational managers whether a working-class background influences the success rate of promotion of African nurses (Table 4.17). Yet the Mann-Whitney U test showed a significant difference ($p < 0.027$) between the views of male (mean=2.19, SD=0.938) and female nurses (mean=1.92, SD=1.105) whether a working-class background influenced the promotion success of African nurses at certain facilities (Table 4.17). The latter indicates that the male group is more convinced that a working-class background does influence the success rate of African nurses.

Question 7.2.2 An estimation of whether a working-class background influences the success rate of Coloured nurses (n=527).

The Kruskal-Wallis test presented no statistically significant difference ($p < 0.164$) in the views of African, Coloured, Indian and White participants whether a working-class background influenced the successful promotion of Coloured nurses (Table 4.17).

There was no statistically significant difference ($p < 0.104$) in the views of professional nurses and operational managers whether a working-class background influenced the success of Coloured nurses who applied for promotion, according to the Mann Whitney U test (Table

4.17). Yet the test showed a statistically significant difference ($p < 0.011$) in the views of male (mean=2.17, SD=0.950) and female nurses (mean=1.85, SD=1.037) whether a working-class background influenced the promotion of Coloured nurses at certain facilities (Table 4.17). The male group was more convinced that a working-class background did influence the promotion success of Coloured nurses.

Question 7.2.3 An estimation whether a working-class background influences the success rate of Indian nurses (n=517).

There was no statistically significant difference ($p < 0.167$), according to the Kruskal-Wallis test, in terms of the views of African, Coloured, Indian and White participants and whether a working-class background influenced the success of Indian nurses to be promoted (Table 4.17).

The Mann-Whitney U test showed a statistically significant difference ($p < 0.002$) between the views of professional nurses (mean=1.80, SD=0.976) and those of operational managers (mean=1.42, SD=0.768) whether coming from a working-class background influences the success rate of promotion of Indian nurses (Table 4.17). The professional nurses are more in agreement than the operational managers that coming from a working-class background, does influence the success rate of promotion of Indian nurses. Also, the Mann-Whitney U test showed a statistically significant difference ($p < 0.004$) between the views of male (mean=2.04, SD=0.833) and those of female nurses (mean=1.73, SD=0.975) whether a working-class background influenced the promotion success rate of Indian nurses at certain facilities (see Table 4.17). The male group was more convinced a working-class background influenced the promotion success rate of Indian nurses at the facility.

Question 7.2.4 An estimation of whether coming from a working-class background influences the success rate of White nurses? (n=524).

The Kruskal-Wallis test showed a statistical significant difference ($p < 0.044$) according to the views of African, Coloured, Indian and White participants regarding the impact of a working-class background on the successful promotion of White nurses at the facilities (Figure 4.33). The means of all the groups are 1 (not at all) while the mean of the Indian group is 2 (slightly). The Coloured and White groups are more in agreement (boxplots are more compact and between 1 and 2) about the lesser influence of a working-class background than the other race groups.

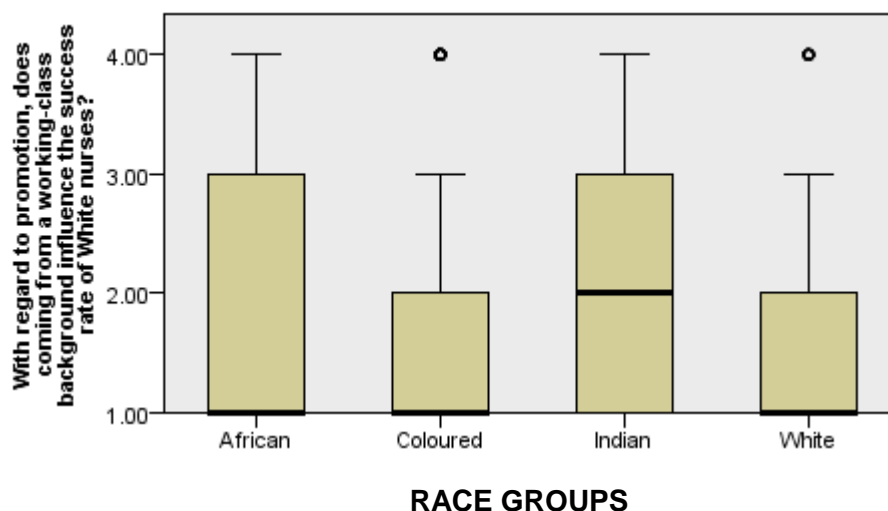


Figure 4.33: Kruskal-Wallis reflects the responses pertaining to Question 7.2.4

The Mann-Whitney U test showed a statistical significant difference ($p < 0.002$) in the views of professional nurses (mean=1.96, SD=1.175) and those of operational managers (mean=1.46, SD=0.825) whether a working-class background influenced the success rate of promotion of White nurses (Table 4.17). The professional nurses are more in agreement than the operational managers about whether a working-class background influenced the rate of promotion success of White nurses. Also, the Mann Whitney U test showed a statistical significant difference ($p < 0.009$) between the views of male (mean=2.21, SD=1.062) and female nurses (mean=1.85, SD=1.153) a working-class background influenced the successful promotion of White nurses (Table 4.17). The male group was more convinced a working-class background did influence the success rate of White nurses.

Question 7.2: Responses to the open-ended question with reference to the influence of a working-class background on the success rate of promotion (n=38).

Two opposing themes emerged from the data – that a working-class background does not play a role vs. that it does play a role; adding socio economic status.

Working class background does not play a role vs. it plays a role: Various participants in the public sector in the Western Cape commented that a working-class background did not influence promotion. Yet participants in the public sector in Gauteng related that since primarily African nurses were employed at the hospital it was difficult to tell: “No Indian or White nurses - only 1 or 2 Coloured nurses”; “No comparisons to draw”.

Comments from the private sector in both provinces suggested that a working-class background could influence promotion: “When promotion to a leadership position is considered, the total background of a person is taken into consideration. You must be able to fit in and perform as a

leader if chosen” (WC – private sector); *“Basic education, managing of spoken and written English is still a very big problem in this profession”*; *“To maintain the standard of the institution, it may”* (GP – private sector).

Yet superiority pertaining to race also came to the fore in the perception that White nurses viewed themselves as supervisor to others: *“Most of the time white nurses see themselves better than other nurses. If they don’t know something, they will never ask African nurses. They prefer to rather ask the doctor or someone who is not even a nurse”* (GP – private sector).

Socio economic status: Another comment from the public sector in Gauteng signified that family ties representing high socio-economic status tend to pave the way to higher positions: *“If they know that one of your relatives is having a high-class position, they promote you immediately”*.

4.3.9 Question 8

This question concerns the opinions of the participants whether the management of the facility seem to place “less” or “more” value on the competencies of nurses of the various race groups the results are displayed in Table 4.18 and 4.19 (Annexure H).

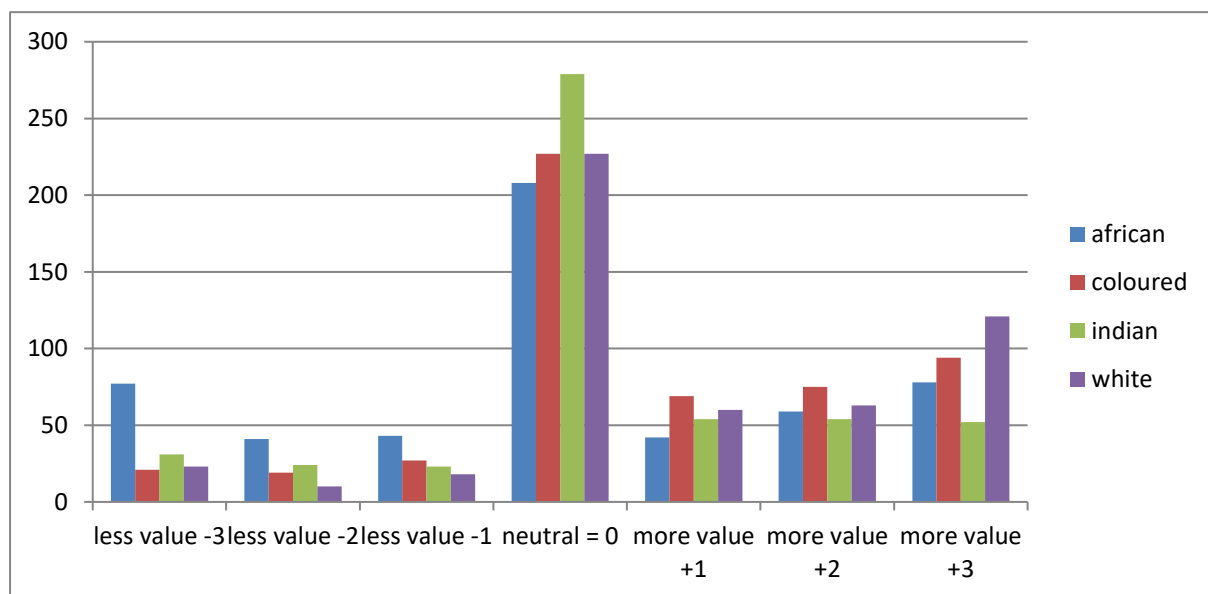


Figure 4.34: Reflection on the view of management on the competencies of nurses

Figure 4.34 illustrates that the majority of the respondents took a neutral stance whether an organization places any value on the competencies of nurses according to race. However, according to the respondents, managerial structures placed less value on the competencies of African nurses while Whites nurses were regarded as being more competent in the workplace.

Question 8.1: An assessment of whether the management of a facility seems to place “less” or “more” value on the competencies of African nurses.

The Kruskal-Wallis test demonstrated no statistically significant difference ($p < 0.165$) according to the views of African, Coloured, Indian and White participants whether the management of the facility placed “less” or “more” importance on the competencies of African nurses (Table 4.19).

The Mann-Whitney U test signposted no statistically significance difference ($p < 0.428$) between the views of professional nurses and operational managers in terms of whether the management of the facility places “less” or “more” significance on the competencies of African nurses (Table 4.19). The Mann-Whitney U test also showed no statistical significance difference ($p < 0.884$) between the views of male and female nurses in terms of whether the management of the facility places “less” or “more” value on the competencies of African nurses.

Question 8.2: An assessment of whether the management of the facility where you are employed seems to place “less” or “more” value on the competencies of Coloured nurses (n=532).

A statistically significant difference ($p < 0.000$) was found between the views of African, Coloured, Indian and White participants on whether the management of the facility places “less” or “more” value on the competencies of Coloured nurses (Table 4.19).

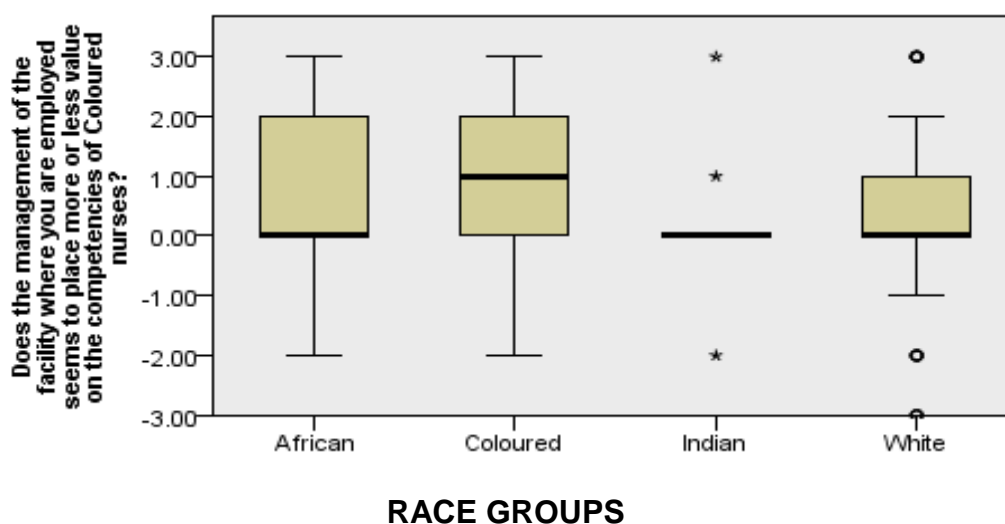


Figure 4.35: Kruskal-Wallis reflects the responses pertaining to Question 8.2

The interquartile ranges of the African and Coloured groups are between 0 (neutral) and 2 (more value 2) with the mean of the Coloureds on 1 and that of the African group on 0. The latter reflects that a more prominent stance from both groups but more from the Coloureds about “more value” being placed on their competencies. The White group is more in agreement about the value that is placed on the competencies of Coloured nurses whereas the Indians are much divided about value being placed on the competencies of Coloured nurses.

The Mann-Whitney U test showed no statistically significance difference ($p < 0.738$) between the views of professional nurses and operational managers in terms of whether the management of the facility places “less” or “more” value on the competencies of Coloured nurses (Table 4.19). The Mann-Whitney U test also showed no statistically significance difference ($p < 0.194$) between the views of male and female nurses in terms of whether the management of the facility places “less” or “more” value on the competencies of Coloured nurses.

Question 8.3: An assessment of whether the management of the facility where you are employed seems to place “less” or “more” value on the competencies of Indian nurses (n=517).

No statistically significant difference ($p < 0.064$) was found between the views of African, Coloured, Indian and White participants on whether the management of the facility places “less” or “more” value on the competencies of Indian nurses (Table 4.19).

The Mann-Whitney U test showed no statistically significance difference ($p < 0.108$) between the views of professional nurses and operational managers in terms of whether the management of the facility places “less” or “more” value on the competencies of Indian nurses (Table 4.19). The Mann Whitney U test also showed no statistically significance difference ($p < 0.701$) between the views of male and female nurses in terms of whether the management of the facility places “less” or “more” value on the competencies of Indian nurses.

Question 8.4: An assessment of whether the management of the facility where you are employed seems to place “less” or “more” value on the competencies of White nurses. (n=522)

A statistically significant difference ($p < 0.017$) was found between the views of African, Coloured, Indian and White participants on whether the management of the facility places “less” or “more” value on the competencies of White nurses (Table 4.19). The African group is quite convinced that the competencies of White nurses are more valued while the White

group themselves are less convinced yet more sure about their view that they are slightly valued as more competent (boxplot quite compact = 0-1).

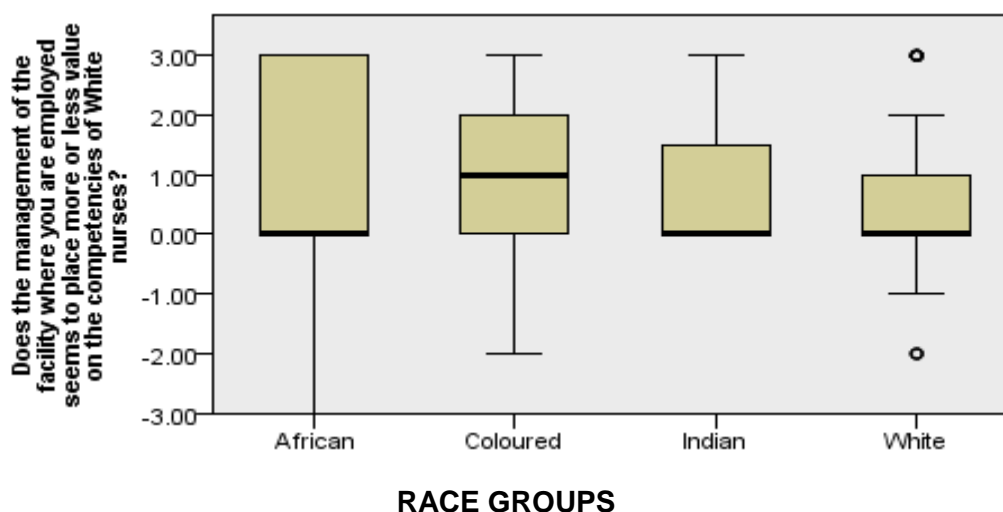


Figure 4.36: Kruskal-Wallis reflects the responses pertaining to Question 8.4

The Mann-Whitney U test showed no statistically significance difference ($p < 0.058$) between the views of professional nurses and operational managers in terms of whether the management of the facility places “less” or “more” value on the competencies of White nurses (Table 4.19). The Mann Whitney U test also showed no statistically significance difference ($p < 0.780$) between the views of male and female nurses in terms of whether the management of the facility places “less” or “more” value on the competencies of White nurses.

Question 8: Responses to the open-ended question about how management values the competencies of nurses according to race. Three themes emerged from the data: African nurses and competencies, favouritism and tribalism and all is well in our facility (n=94).

African nurses and competencies: African nurses in both the public and private sector are experienced as less competent; that they are merely employed in adherence to the EEA: “Because there is an influx of African nurses being appointed from other provinces, I feel these nurses are appointed to balance the scale. They are incompetent, inexperienced”, (WC – public sector); “It is only equity that counts”, (WC – public sector); “Less competent African nurses. Indian nurses more excused due to language barriers sometimes” (WC – private sector); “People hired from agencies on a daily basis - mostly African and Coloured nurses. Not always competent and that put more pressure on all races of own staff to keep the quality up” (GP – private sector).

Some blame the employment system for the presence of African nurses that they view as incompetent: “They want more black nurses in posts does not matter about your background or

whether you are competent to do your work"; *"Competency is measured against a questionnaire; reference phone numbers do not get phoned"* (WC – public sector).

African nurses in both the public and private sector on the other hand also experienced that they were considered as being as being less competent: *"An African can be 100% competent but still her skills are ignored"* (WC – public sector). Qualified African nurses were apparently not exposed to specific tasks therefore their experiences were limited. Yet less qualified Coloured and White nurses were employed in managerial positions: *"The way African nurses are employed but not given chances to develop themselves"* (WC – public sector); *"Some coloureds or whites are always exposed to certain tasks but without qualifications of those tasks but Africans with qualifications for specific tasks still ignored and not exposed"* (WC – public sector). It therefore appears as if African nurses were supposed to be granted opportunities to engage with the practical side of what was required, whether clinical or managerial. Yet these opportunities to development were granted mainly to the other races: *"If you white or Indian they, they will make sure that they get you competent. And even if you not so competent, you regarded as better anyway. When you an African, it does not make any difference really"* (WC – private sector); *"If you are black and not competent enough, the company does not keep you. But if you are a different colour, the company will do all in their power to get you all the help you need to become better"* (WC – private sector). It therefore seems as if development and empowerment at hospital level incorporated discriminatory elements.

Some of the comments also pointed to white privilege: *"When a white nurse makes a mistake, it's always understood and the person will be taken for training or counselling, but if a black nurse makes a mistake, a hearing follows"* (GP – private sector).

In reflecting on the competencies of nurses, some responses in the open-ended questions also touched on class: *"White nurses seem to have more value, they had a better education, social background - were the privileged group"* (WC – public sector); *"White nurses treated as superior and get better paid - even if they are not competent"* (GP – private sector); *"Always white nurses are known for ones who know what they are doing, even doctors (white) choose them - even if the African nurse is of higher rank"* (GP – private sector).

Favouritism and tribalism: The public-sector hospital in Gauteng employs mostly African nurses. The comments of participants at this hospital indicate that racism is not an issue but that favouritism and tribalism could influence who gets promoted: *"In my opinion, competency is not considered. No matter how competent you are - if you not favoured by your manager, you will not get promoted"*; *"Favouritism w.r.t promotion - sometime ethnicity plays a role"* (GP – public sector).

All is well is our facility: Some participants in both sectors commented that staff are treated equally: *“The hospital employ competent, excellent personnel. We are working here, because we want to render a service to our community”*. (WC – public sector); *“Everyone is treated the same”* (WC – private sector); *“Competency is required from all races”* (GP – private).

4.3.10 Question 9

This question concerns the views of the participants whether they had experienced discrimination in their current workplace based on age, gender, their marital status, race, disability, sexual orientation, religious beliefs and any other issues. The results are displayed in Table 4.20 (Annexure H).

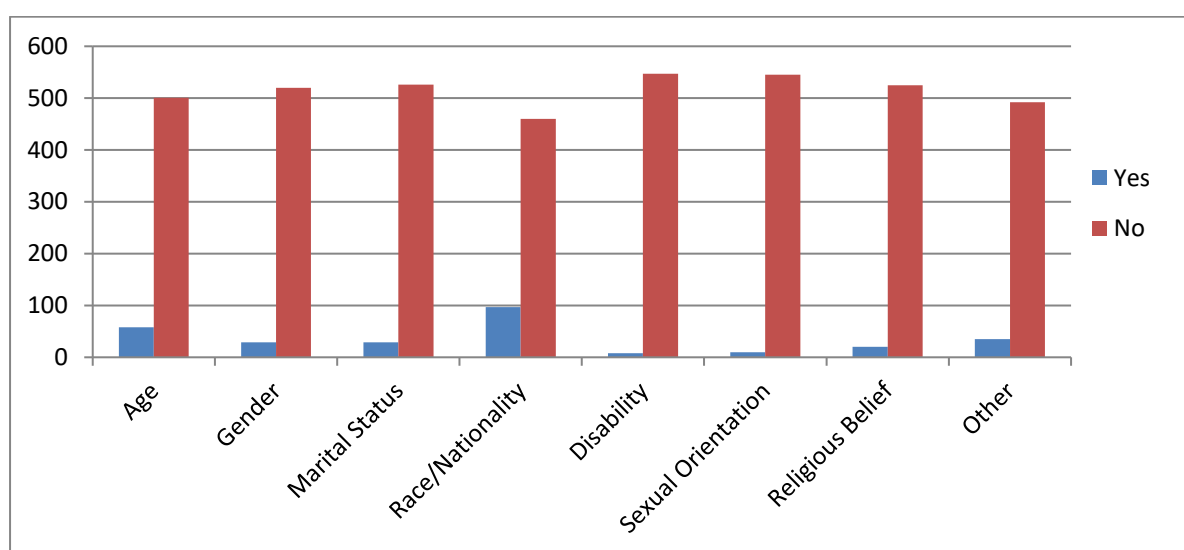


Figure 4.37: Reflection on discrimination in the workplace in general

Figure 4.37 illustrates that in general there were few forms of discrimination in the workplace. These few forms of discrimination related largely to age, gender, marital status and a variety of other forms.

Questions 9.1-9.8: An assessment of discriminatory experiences related to age, gender, their marital status, race, disability, sexual orientation, religious beliefs and any other issues.

As displayed in Table 4.20, most participants experienced racial discrimination (n=97, 17.4%), followed by age discrimination (n=58, 10.4%) and other forms of discrimination (other forms of discrimination not listed in the questionnaire n=35, 6.6%).

The Fisher Exact test (Table 4.21) shows a statistical significant association between gender, i.e. Question 9.2, and discrimination in terms of being male or female ($p < 0.027$). More males ($n=6$, 13.0%) reported experiences of discrimination than females ($n=23$, 4.6%).

The chi-square test (Table 4.22) shows a statistical significant association (Pearson Chi-Square=12.163, $df=3$, $p < 0.007$) between the various races and discrimination in terms of religion, i.e. Question 9.7. Mostly Africans ($n=17$, 6.6%) reported to experience discrimination in terms of religion. From the other races just $n=1$ (0.6%) Coloured, no Indians and $n=2$ (2.1%) Whites reported experiences of discrimination in terms of religion.

Question 9.1: Responses to the open-ended question with reference to discrimination due to age ($n=57$).

Three themes emerged from the data: Being young, too old and the presence of discriminatory behaviour.

Being young: Being young appears to be problematic since older staff members did not obey the instructions of younger staff members. In addition, younger staff members were allocated additional tasks since they were young. Some commented that they could not apply for managerial positions due to their age; that they received less respect from co-workers who looked down on and questioned their competencies: *“Being young I have to prove that I am competent in my ability”* (WC – private); *“Older people get promotion due to age and years working for the institution don’t count”* (WC – public sector); *“Being a junior registered nurse, you are treated like a nobody in front of older people”* (GP – private).

Too old: Older participants commented that being older influenced their chances of being successfully promoted or granted study leave; that their years of experience and maturity are not acknowledged: *“Because we gave all our strength to this profession seem to think we are not productive anymore despite our experience”* (WC – public). Being older also influenced the likelihood of receiving study leave: *“When you need study leave or training, they tell you that you are too old. But when you were young, u didn’t get the opportunities either”* (GP – public sector); *“If you above 50 years old you are old and experienced enough to is a unit manager, but they rather employing inexperienced younger ones”* (GP – private); *“Said I was too old to do a cause in Trauma”* (GP – private).

Discriminatory behaviour: Various African participants remarked that they had been exposed to discriminatory behaviour such as being given additional workload unfairly, being addressed in Afrikaans, which was not their language of communication, and that preference was given to White staff members: *“Old discriminated (abuse) me when I was now in the work place*

by giving me the big work load telling me that I was very young I must work hard" (WC – public sector); *"Old staff discriminate me with language - speak Afrikaans. Give me a lot of work, negative attitude against me"* (WC- public sector). *"They always prefer a White person"* (GP – private).

Question 9.2: Responses to the open-ended question with reference to discrimination in terms of gender (n=32).

Two themes emerged from the data: Promotion of males and female dominancy.

Promotion of males: The comments reflect an increase in the appointment of males to managerial positions in both the public and private sector where EEA is applied: *"Applied for promotional post, less qualified, inexperienced men got post"* (WC – public sector); *"Equity act that rule"* (WC – public sector); *"Male management override female employees"* (GP – private). Yet there is also a notion that males were better remunerated in the private sector: *"Less salary increases than males, even when I have more responsibilities as them"* (GP – private sector). The comments signify possible desperation to accommodate EEA prescriptions.

Female dominancy: Nursing is a female-dominated profession – thus all participating facilities employed more female nurses. Yet, in spite of being a profession dominated by females, more males have been promoted in a rather short period of time according to some of the participants; indicating a tendency to consider the EEA: *"This place is still female dominated"* (WC – public sector); *"We do get more opportunities but it can become better"* (WC – public sector); *"More males have been promoted in a short period of time"* (GP – public sector). Yet males in the private sector of the Western Cape seemingly experience discrimination: *"Males never get promoted"* (WC – private sector).

Question 9.3: Responses to the open-ended question with reference to discrimination due to marital status (n=29).

Two themes emerged from the data: parental responsibilities and discrimination.

Parental responsibilities: Parental duties necessitate that either the mother or father ought to be available should a child become sick. This often means either one being absent from work. Being absent from work due to these parental responsibilities seems to be problematic as it means that work responsibilities are compromised. Participants mentioned that management was not very accommodative when they requested to be at home as a result of these responsibilities: *"As a male, management always question or comment in a very sarcastic way when you apply for family responsibility leave e.g. Why can't the mother take the child to hospital"* (WC - public sector). *"W.r.t children yes. If your child is sick and you call in, they tell you to bring your child with"* (GP – private).

Other participants stated that being a parent with children could jeopardize one's chances of being granted study leave as these commitments could interfere with successful completion of the course: *"The moment you get too much children they don't want to send you to go and learn - excuse is you won't have enough time to study"* (GP – private).

Discrimination: Discrimination seemed manifest in various forms: against single nurses who had no children to care for; against those who were married with grown-up children; against those who requiring compassionate leave to attend funerals; against those who were African; and against those who were pregnant and wanted to study.

Participants who were single with no children and those who were married with grown-up children reported experiencing discrimination pertaining to off-duties/shift work, having to work during school holidays and being allocated tasks that did not suit married staff members with school-going children: *"Discrimination is a strong word, but without dependants I do work awful shifts compared to those with kids"* (WC – private sector); *"As I am single and have no children, I often get "nominated" for any role that is difficult for married and women with children to maintain"* (WC – private sector).

One participant commented that her Coloured manager struggled to accept her presence: *"Being black, being Xhosa speaking, coming from the Eastern Cape is the biggest problem to my manager according to her I am supposed to be transferred back"* (WC – public sector).

A participant commented that her request for compassionate leave to attend her own father's and a stepfather's funeral - although years apart - was problematic for management: *"When my biological father passed away I could not get family responsibility leave because I had family responsibility leave when my stepfather died a few years ago"* (WC – public sector).

There were also cases where nurses who fell pregnant felt that their positions were in jeopardy or that they were not afforded basic respect: *"Have been shunned for falling pregnant and discriminated against fellow women staff"* (GP – private). Another commented: *"Was just promoted. Was pregnant at time of interview. Before I went on maternity leave, was informed I was not coming back in same position"* (WC – private).

Question 9.4: Responses to open-ended question with reference to discrimination due race (n=92).

The comments revealed that racism was present in both the public- and private-healthcare sectors. Five themes emerged from the data i.e. reactions to the implementation of the EEA,

disdainful behaviour exhibited towards African staff members, stereotyping of the abilities of African nurses, doctor's rounds and White nurses; and lastly tribalism.

Reactions to the implementation of the EEA: Various White participants complained that they were discriminated against as a result of the implementation of the EEA and had missed opportunities for promotion: *"I have applied for other jobs in hospital, but never get it. Always get told not enough experience. But when I look again, the position gets filled by the same as me just different colour"* (WC – private). Another commented that little respect was afforded to White senior nurses: *"They don't respect the senior White nurse"* (GP – private). Some related that Africans were favoured: *"Africans get preference above other candidates of colour"* (GP – private). A White participant working at a private hospital with only White and Coloureds in leadership positions commented: *"Africans are high on the priority list. It's apartheid in reverse"* (WC – private). As no Africans occupied leadership positions at the hospital at the time of data collection, the comment was unfounded and might signify angst.

Disdainful behaviour exhibited towards African staff members: In general, African participants experienced less respect: *"If you are any other race than black, you get more respect, even if you not competent. If you black, you have to work so much harder, have more skills and qualifications in order to get some respect"* (GP – private). Another comment: *"Because most of the time when we meet in the corridor, when you greet, no answer. They just look at your skin and then look sideways"* (WC – private).

Coloured participants in the WC appeared to be concerned about the appointment of African nurses at the participating hospital and suggested that the latter were favoured in terms of promotion. The responses of African nurses on the other hand suggested that African nurses were marginalised. *"Yes Black people get promotion quicker due to equity"*. An African participant at the hospital commented on the absence of African females in leadership positions at the hospital: *"There are no Black women promoted. No Black women in management"* (WC – public sector). Explanations reflected racist behaviour displayed towards African nurses: *"I was never given an opportunity to perform managerial duties. My unit manager will never give any information to me rather give to junior nurses which are coloureds"* (WC – public sector) and also: *"The junior nurses like to tell me what to do (i.e. giving me orders) and they don't do that to other professional nurses who is the race"* (WC – public sector).

One participant currently working in the public sector (WC) commented that despite many years of experience as a shift leader in the private sector she was always unsuccessful when applying for promotion: *"When interviewed in the private hospital for promotional position, only the*

white females and males would get position, although I was shift leader for years and they have less experience than me”.

Stereotyping the abilities of African nurses: Some remarks reflected scepticism when it came to the competencies of African nurses: *“If the visitor is not the same colour as me and is asking a question and I respond to his/her question, she or they always doubt the response you give to them and they go and get a coloured or white person for assurance”* (WC – public sector). Another remark (WC – public sector): *“Most of the time I’ve heard other nurses from other racial groups saying in my ears, “Xhosa speaking nurses are stupid”.*

The stereotyping of abilities also surfaced in Gauteng: *“Not considered as competent, because of the colour of your skin. Nothing you do is ever right”* (GP – private); *“Yes, black nurses are still considered not clever, smart or competent enough”*; and: *“If you white or coloured, you are considered cleverer”* (GP – private).

Doctor’s rounds and White nurses: The notion of identifying with one’s own kind also surfaced. African participants commented that White doctors preferred to complete doctor’s rounds with White nurses: *“Doctors (white) prefer a white nurse to do rounds with them and trust their patients more with them”* (GP - private). Another comment: *“Doctors have a negative attitude towards black shift leaders and nurses - show more respect towards white shift leaders”* (GP – private).

Although the language policy of the company is English some doctors preferred to complete their rounds speaking Afrikaans. Subsequently non-Afrikaans speaking participants experienced difficulty: *“There is discrimination in our work place in terms of skin colour and race because doctors still wants/prefers only white nurses to do ward rounds with, and sometimes they do ward rounds in Afrikaans”* (GP – private).

Tribalism and appointing/identifying with own kind: At the time of data collection just two Coloured nurses and no White nurses were employed at the public hospital that participated in the study in Gauteng. Information obtained from this hospital displayed a trend to consider one’s own kind, - that is, ethnic group; language or cultural group such Pedi, Sotho or Zulu. While the researcher walked from ward to ward to recruit participants, they commented to the researcher that they did not see racism as a problem but did notice that tribalism was. The latter also surfaced in the comments: *“Top management consider people of their ethnic group”*, and: *“Most of the time they don’t respect/appreciate your ethnic group”*. Another commented: *“We have multi ethnical groups in an area where there is one language predominantly. If you don’t pronounce certain words in their language correctly, they will discriminate against you”.*

Question 9.5: Responses to the open-ended question with reference to discrimination in terms of disability (n=9).

Two themes emerged from the data: Occupational health and racial issues.

Occupational health: Due to the nature of nursing tasks, nurses were prone to back problems. Staff shortages and the lack of competent additional staff hampered work and created or aggravated existing back conditions among nurses: *“As nurses tend to end up with back problems, no extra help or assistance is in place to help you to cope”* (WC – private sector). It also appeared as if the physical condition of a staff member was not always considered when roles were assigned or placements made e.g. which ward to work in: *“Sometimes depending on where you placed because it can have impact on your performance in specific unit”* (WC - private sector).

Another participant commented that discrimination existed towards those with physical problems who were not accommodated within the workplace: *“Hurt my back twice at work - no light duty in workplace but if a white person hurt themselves, a new job is created for them”* (WC – private sector). A participant also stated that management did not accept the reporting of an illness well: *“You cannot say you are feeling ill then it becomes a whole war”* (WC – public sector).

Racial issues: One participant experienced racial discrimination as a result of being African: *“Yes, because of my colour, I feel discriminated against - no matter whether I give my best for the hospital”* (GP – private sector). Another comment provided the notion that not all staff members were treated the same: *“The Indian can refuse to do certain work on certain days. The white staff cries to get things their way, but the coloured just have to do her work and even stand in for them”* (WC – private sector).

Question 9.6: Responses to the open-ended question with reference to discrimination due to sexuality (n=9).

Two themes emerged from the data: Gender and sexuality and culture.

Gender: The notion surfaced that males received preferential treatment and were more respected than females: *“Males are more respected by Management and most of the time they don't have to work so hard as we as females”* (GP – private sector). In addition, the patriarchal streak seemed to surface since men appeared to find it difficult to accept female authority: *“Men still find it difficult to take orders from women, still feel they are inherently a “boss”* (GP – private).

Sexuality and culture: A participant at the participating public hospital in Gauteng commented on acceptance and stereotyping of gay people in the workplace: *“Being gay at work seems one is incompetent - patients and colleagues seem uncomfortable around you”*.

Others commented on the sexuality of managerial figures: *"Most people in higher positions are lesbian/gay - so I guess this is good for my company. In which way, I don't know"* (WC- private sector).

Question 9.7: Responses to the open-ended question with reference to discrimination in terms of religion. (n=26).

Two themes emerged from the data: African culture and praying

African culture: African staff at a predominantly Coloured hospital commented that their cultural and religious beliefs were less respected than those of Muslims: *"No respect for our customs and religious beliefs"; "More attention to Muslim people"* (WC – public sector). Another comment: *"Muslim people are considered better than Christians"* (WC – private hospital).

Praying: In certain hospitals nurses had a custom of praying in the morning before they commenced with their duties. Some participants who belonged to other religions found the praying uncomfortable: *"Holding of prayers in the morning makes me want to be late everyday as I am the only Muslim in the Ward. So, so uncomfortable"* (GP – public sector).

Question 9.8: Responses to the open-ended question with reference to other forms of discrimination (n=40).

Participants related a variety of discriminatory experiences. The following themes emerged from the data: Class, language proficiency, managerial issues, racism and promotion.

Class: Comments from participants in the public sector in Gauteng signified that socio-economic background plays a role in who was promoted. The staff component of the hospital was predominantly African with only two Coloured staff members and no White staff members: *"If your background is middle class and you from a popular family, it sometimes influences the decision-taking in the public service"* (GP – public sector) and *"I was discriminated against because I was a nobody from a low class"* (GP – public sector).

Another participant from the private sector wrote that appearances and proficiency in English were valued by some nurse leaders: *"Some unit managers judge capability based on looks (glamour, make-up, well-spoken in English, etc.) this qualify you as competent"* (GP – private sector).

Language proficiency: African participants commented that the use of Afrikaans in the hospital where they were working was problematic as those who were Afrikaans-competent did not consider others who were not proficient in Afrikaans. Moreover, managerial figures were not supportive of their plight and expected them to avoid conversing in their ethnic language: *"Unit manager and Afrikaans speaking people are speaking Afrikaans and they do not consider any other people speaking different language but they don't want anybody to speaking their*

first language" (WC – public sector). The issue of Afrikaans also surfaced among participants in the private sector: *"Most of the meetings are hold in Afrikaans, although they know that English is the communication language in this hospital"* (GP – private sector).

Managerial issues: This theme includes various issues such as relationships influencing appointments, staff shortages, vertical violence and hetero-negativity.

Various participants commented that promotion was influenced by the individual's good relationship with management: *"If someone on the Selection Committee doesn't like you, you will never get promotions, and if you are better qualified, you are a threat"* (GP – public sector). Another comment: *"Favouritism plays huge role, who you are friends with and whom you are favourite to"* (WC – public sector). Another participant commented on vertical violence with doctors swearing at nurses: *"Doctors swearing and shouting at nurses as if they are nothing - it is Unprofessional and Unacceptable"* (GP – private sector).

Constant staff shortages, especially over weekends and when they were on night duty, was stressful: *"Weekend and night staff less staff members, more work for shift leaders to do that sometimes has to stay 2 hours later to finish paper work. More stress on staff because less staff available"* (GP – private sector).

A participant also commented on the presence of hetero-negativity where a gay manager encouraged the promotion of other gay staff members: *"Also homosexual male seems to get preference I think because one of the deputy's is homosexual undercover"* (WC – public sector).

Racism: Various comments related to racism in the workplace such as comments about colour, discrimination and African nurses receiving less respect in the workplace. One participant commented the following: *"Unit manager doesn't want to see Black nurses having conversation with each other. Instead you will see her talking laughing with coloured nurses at times does not even greet Black nurses"* (WC – public sector). Another comment: *"Discrimination due to the nationality or colour, is still alive with full force. It is just a matter of tolerance and knows why you are amongst those who are doing it"* (WC – private sector); *"I have never come across such discrimination at my work place during the past 6 years"* (GP – private sector).

Promotion: Promotion seems to be influenced by a variety of factors such as being loyal to the company, being politically connected, and not being promoted because managers were relying on them in their current positions as their competencies were of the essence and not easy to replace if they were promoted.

Participants commented that those who had been loyal to the institution were more easily promoted and sent for training: *“Experienced nurses and those who are employed for ages, are always first priority”* (GP – public sector). Another comment: *“Politics. If you do not belong to a party, you can never grow”* (GP – public sector).

It was found that reliable workers were also discriminated against: *“Discrimination with respect to my loyalty and competency. If I ever get promoted, it will have negative effects on their workforce in the wards as they will be losing my experience in the ward”* (WC – public sector).

The next group of questions are about participants who have already applied for promotion and had participated in the selection interview.

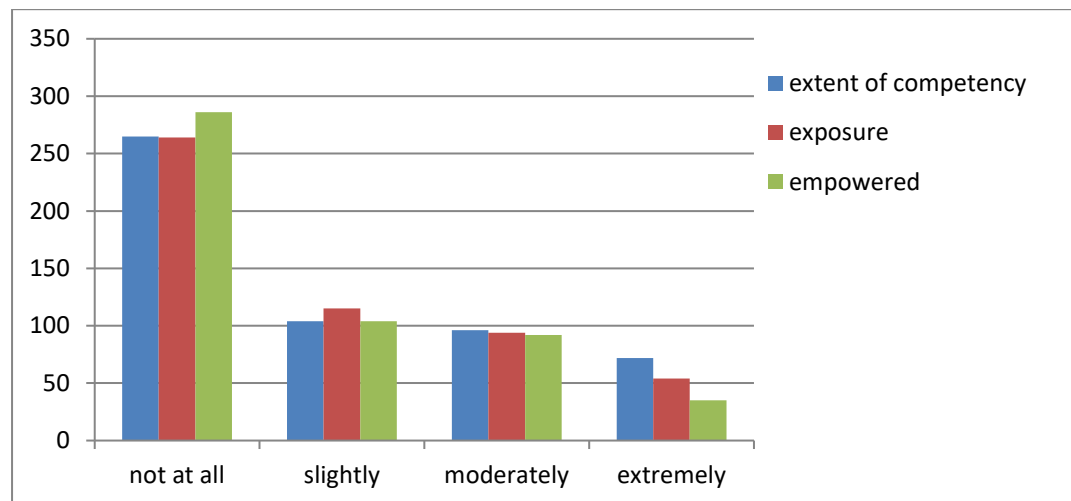


Figure 4.38: Reflection on the assessment of competencies, exposure to career development opportunities and empowered adequately for leadership

Figure 4.38 illustrates the frequency distributions related to Questions 10-12 that is:

- Question 10: the extent to which competencies are assessed
- Question 11: extent of exposure to career development opportunities
- Question 12: Feelings of empowerment to occupy a leadership role

Figure 4.38 illustrates that the majority of the respondents reflected that competencies were not adequately assessed; that exposure to career development opportunities did not happen and nurses were not empowered enough for leadership roles for promotion purposes. In general, the responses in all the categories were extremely low.

4.3.11 Question 10

The question concerns the views of the participants in relation to whether competencies are adequately assessed during the selection process. The results are displayed in Table 4.21 (Annexure H).

The Kruskal-Wallis test showed no statistical difference ($p < 0.825$) between the views of the various race groups and whether competencies were adequately assessed during the promotion process.

The Mann-Whitney U test showed a statistical significant difference ($p < 0.001$) between the views of professional nurses (mean=2.44, SD=0.922) and operational managers (mean=2.92, SD=0.962) on whether competencies are adequately assessed during the application for promotion process (Table 4.22). The latter indicates that the operational managers are more in agreement than the professional nurses that competencies are adequately assessed during the application for promotion process.

The Mann Whitney U test showed no statistical significance difference ($p < 0.372$) between the views of male and female nurses in terms of whether competencies are adequately assessed during the application for promotion process.

Question 10: Responses to the open-ended question with reference to the extent to which competencies are assessed during the promotion process (n=43).

Five themes emerged from the data: Interview not the best method, assess competencies more thoroughly, the value of qualifications and experience, favouritism and nepotism and race.

Interview not the best method: Participants were of the opinion that the interview method was not the best way to determine who should be appointed since the candidate are compared to another who is able to answer the questions: *"You cannot answer the question so you not competent to get job not by means to answer questions as someone else do but yet has all the skills"* (WC – public sector). *"We rely too much on the interview process and not so much what is on the CV"* (WC – public sector). Some found the phrasing of questions to be problematic: *"Questions asked is formulated in a tricky way to assess competency"* (GP - public sector). Some reflected on the objectivity of the promotion process: *"The people that make the decisions don't know you - they go on what they hear from people who already decided who they want to promote"* (GP – private sector).

Assess competencies more thoroughly: Various candidates were of the opinion that competencies were not adequately assessed in the promotion process; that the questions being asked did not address the assessment of competencies: *"Because some may have*

qualifications, but are not competent enough to get promoted. E.g. managerial skills, but not competent to be a manager" (GP – public sector). Another participant commented: *"No practical competency is assessed before employment"* (WC – private sector).

Qualifications and experience: Participants provided different views about the value of qualifications and experience. Some were of the opinion that qualification and experience were not valued: *"You can have all the qualifications all the work experience but you will not get the post"* (WC – public sector). Another participant was confident that qualifications and experience needed to go hand in hand with hard work: *"Competency, qualifications, experience and hard work is considered"* (GP - public sector). Some were of the opinion that the best candidate was not all ways appointed: *"Not in all instances get competent people placed in relevant places"* (GP – public sector). Some comments had undertones that reflected distrust in the promotion process: *"No assessment is done according to qualifications. As long as you a friend with one of the Managers or family, you get promoted"* (GP – public sector); *"Even if you competent, if you are not a favourite of management, you out"* (GP – private sector).

Favouritism and nepotism: The last two comments also suggested that favouritism and nepotism might be prevalent and that good relationships counted. One participant commented that assessment was compromised as a result of favouritism: *"Due to favouritism it is not adequate"* (GP – public sector).

Race: Some participants commented on nurses being appointed because they were White. Another mentioned that good relationships with management worked in favour of the candidate: *"Your experience doesn't matter. You colour and where you come from, as well as your relationship with management still count more"* (GP – private sector). *"Our hospital doesn't consider a person's qualifications or competency for promotion. If you are not white, you are less likely to be promoted"* (GP – private sector).

4.3.12 Question 11

An assessment of the extent to which staff are exposed to career development opportunities (n=47).

The Kruskal-Wallis test showed no statistical difference ($p < 0.626$) between the scores for the views of the various race groups in terms of whether they had been exposed to career development opportunities.

The Mann-Whitney U test showed no statistical significant difference ($p < 0.091$) between the views of professional nurses and operational managers whether they have been exposed to career development opportunities (Table 4.22).

The Mann-Whitney U test also showed no statistical significance difference ($p < 0.490$) between the views of male and female nurses in terms of whether one has been exposed to career development opportunities.

Question 11: Responses to the open-ended question with reference to exposure to career development opportunities

The participants had different views about career development opportunities that related to whether they were employed in the public or private sector. Four themes emerged from the comments that were received, namely staff shortages and workload, African nurses and qualifications, the provision of staff development and lastly favouritism.

Staff shortages and workload: Those employed in the public sector of the Western Cape struggled to accept career-developing opportunities due to staff shortages. Participants commented that a high workload prevent them from taking advantage of these opportunities. *“Even as a manager you cannot go to training because of staff shortages”. “Not really an opportunity because of skeleton staff”* (WC – Public sector).

African nurses and qualifications: Another participant commented that qualifications did not really benefit African staff members as those who were well qualified were ignored. At the time of data collection, the facility had only one African female in a junior management position. *“The more they are aware of your qualifications the more they ignore you”* (WC – public sector).

The provision of staff development: Some participants who were employed in the private sector remarked that they received ample career development opportunities. *“When I was employed in 2012 I was immediately sent to school to further my studies”* (GP – private sector). Another comment: *“The company encourages all nurses to study”* (WC - private sector). Yet other participants had differing experiences: *“Private sector is like a business. Developmental opportunities are very scares”* (GP – private sector).

Favouritism: Participants at some institutions considered favouritism a reality, holding that their opportunities for staff development depended on their relationship with the manager. *“Nurses are chosen according to their relationships. E.g. if they are friends with seniors or relatives”* (GP – Public sector).

4.3.13 Question 12

An assessment of empowerment to occupy a leadership role

The Kruskal-Wallis test showed a statistical significant difference ($p < 0.006$) between the views of African, Coloured, Indian and White participants on feeling empowered enough to occupy a leadership role (see Table 4.20). The means of all the race groups except the White group are 3 (moderately). The mean of the White group is 2 (slightly). The other groups were

therefore more convinced than the White group about being prepared to occupy a leadership role.

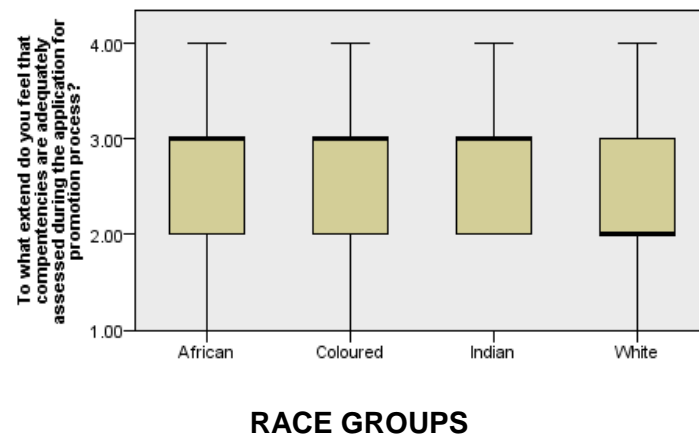


Figure 4.39: Kruskal-Wallis reflects the responses pertaining to Question 12

The Mann-Whitney U test showed a statistical significant difference ($p < 0.031$) between the views of professional nurses (mean=2.99, SD=1.65) and operational managers (mean=3.18, SD=0.91) on whether one feels empowered enough to occupy a leadership role (see Table 4.22). The latter indicates that the operational managers were more in agreement than the professional nurses on feeling empowered enough to occupy a leadership role.

The Mann-Whitney U test also exhibited no statistical significance difference ($p < 0.666$) between the views of male and female nurses in terms of whether one feels empowered enough to occupy a leadership role.

Question 12: Responses to the open-ended question with reference to feeling empowered enough to occupy a leadership position (n=50).

Four themes were identified: Require leadership exposure, empowerment and mentoring, workload: a barrier to empowerment, staff development and recognize my qualifications.

Require leadership exposure, empowerment and mentoring: The comments of the participants reflected a need for exposure to leadership activities and empowerment: *“Not enough exposure to administrative tasks”* (WC- public sector). One participant commented on opportunities in the workplace that could foster empowerment: *“Registered professional nurses are not groomed enough from management side to participate in management decisions”* (WC - public sector). Others expressed a need to be given the chance to lead. *“If I can be given an opportunity to excel in my field”* (WC - public sector). Some participants expressed a need for mentoring: *“We have never given any training for the leadership skills”* (WC - private health sector).

Workload: a barrier to empowerment: Participants admitted their need for development but cited workload issues as a barrier: *“Still need a lot of support by training and doing the job appointed for”* (WC - public sector). and *“...sometimes difficult to fulfil in the needs of the unit due to the fact that you must do 100% bedside nursing but is still expected to do administrative tasks”* (WC - public sector). Participants’ reflected that time is needed for one to be empowered: *“Most of the time you are busy with your normal duties due to the shortage of staff”* and *“timeframe given to be empowered is too little”* (GP - public sector).

Staff development: One participant who was promoted commented on a lack of staff development; *“Since promotion, no orientation programme provided”* (GP - public sector). Another participant commented that the company assist them to further their studies: *“Would like to further my studies”* (WC - private sector).

Recognize my qualifications: Some participants stated that they completed a postgraduate diploma in nursing management but have not been promoted; one commented the following: *“Qualifications and experience must count”* (GP - public sector). Others commented: *“I have studied for this and I feel I have waited long enough for this”* (WC - private sector); *“I am qualified and with all my skills, I just never have the luck to be promoted”* (GP - public sector).

4.3.14 Question 13

Responses to the open-ended question with reference to the developmental needs that will enable promotion (n=214).

Two themes emerged from the data: Exposure and continuous professional development.

Exposure: Several participants in both the sectors (public and private) and both provinces expressed a need to be exposed to managerial duties; that they required development: *“Leadership development. Exposure to the role and function of my immediate supervisor”* (WC – public sector), and *“On the job” experience. Financial management skills/exposure* (WC – private sector). A comment from the private sector in Gauteng: *“Opportunity. Experience (exposure). Support”*. Others expressed a need to be exposed to the role and functions of an area or deputy manager, therefore middle level managerial duties: *“Need to shadow area manager. More staff as to give training needs opportunity to be fulfilled”* (WC – public hospital).

The following comment signifies the notion that more than exposure to leadership activities is required; that exposure be accompanied by mentoring: *“To have someone to mentor you until you understand what you are doing. Not to be too judgemental to anybody. Also, to be given Health talks at all times”* (GP – public sector). One can therefore conclude that nurses are aware of their own shortcomings and the value of shadowing and mentoring.

Continuous professional development: Some participants expressed a need for postgraduate qualifications such as a diploma in nursing management while others indicated that they require in-service training: *“Qualification in Administration and exposure to leading roles”* (GP – public sector). Those who work as senior professional nurses expressed a need for short courses: *“Management courses for senior professional nurses who work as shift leaders”*, and: *“Continuous in-service training and workshops”* (WC – private sector).

Some indicated that notifications pertaining to short courses and in-service training be communicated in due time: *“ACLS and BLS don’t notify us in time about training, workshops, etc.”* (GP – private sector).

A need was expressed that management take the lead with regard to studies that staff need to complete since managerial support are seemingly lacking: *“Motivation to further studies from top structure, top structure always negative towards to others that wants to further their studies”* (WC – public sector).

Several participants requested training pertaining to computer literacy: *“Computer training”* (GP – public sector), and *“computer skills”* (GP – private sector).

Participants in both sectors expressed a need for financial aid pertaining to postgraduate studies: *“Still needs to further my studies doing BCur at the moment, but is difficult to get a educational loan from our hospital we have to pay from our money of which we don’t earn a lot”* (WC – private sector), and: *“Financial aid”* (GP – public sector).

There was a need for succession planning and guidance regarding elements of the promotional process such as the interview: *“We only do general in-service training. No training available to broaden one’s knowledge in another direction. No guidance as to how to approach the interview itself”* (WC – private). The following comment provides the idea that opportunities might be deliberately withheld from certain individuals: *“The need to be recognised and then offered the opportunity to improve. Go forward with career opportunities, but because of staff shortages - the chances are few (kept back to work in a role because they don’t want to lose a good staff member”* (WC – private sector).

4.3.15 Question 14

Responses to the open-ended question with reference to personal obstacles that hamper successful promotion (n=141).

Four themes emerged from the data: workload, personal issues, study leave, experience and qualifications, and relationships.

Workload: Various participants indicated that they workload influenced their ability to be successful with promotion. Their workload apparently influenced the time set aside to attend workshops and to be involved with training activities: *“Workload as a manager is too much at the moment”* (WC – public sector), *“Workload in the ICU unit”* (GP – private sector), and: *“Get Stuck” with “day-to-day” running of units and don’t have added time to learn required duties* (WC – private sector).

Personal issues: Various participants cited personal responsibilities such as having kids preventing them to further their career: *“Children very young”* (WC- -public sector), and: *“My family is my priority at present. Want to put all my energy and spare time into them”* (WC – public sector). Some remarked on balancing their work and personal responsibilities: *“Working hours. Generally home life responsibilities, workload”* (WC – public sector).

Other participants mentioned a lack of confidence and anxiety: *“Anxiety as it has a negative impact in interviews”* (GP – public sector), *“self-belief”* and *“Fear of promotion – if I would have the ability to be successful”* (WC – private sector).

Financials constraints were also cited as a reason for not furthering their careers: *“Vacancies. In the WC - people don’t move out of their jobs”. I want to be in my own private practice - financial obstacles* (WC – private sector), and *“Finances – poor salary. To not be necessary to work extra time during studies”* (GP – public sector).

Study leave, experience and qualifications: Some comments indicated that not being granted study leave is problematic as the participant is thus not able to enrol for a course: *“Study leave always granted to minimal amount of staff. Off sick record are abused to discriminate against you when you applied for study leave”* (WC – public sector), and *“Not getting study leave to study midwifery”* (GP – public sector).

Staff shortages seemed to impact opportunities for empowerment: *“Not enough opportunities for empowerment in the work area, unable to attend workshops, etc. due to staff shortage”* (GP – public sector).

Successful promotion is seemly dependent on qualifications and experience: *“The completion of a post-basic course that I feel started late for me. Many or most unit manager post requires post-basic courses, and two years” experience”* (WC – public sector).

Yet those with the necessary qualifications were also not very successful. This comment reflects elements of abuse and exploitation: *“I feel that I am not good enough, although I have my*

BACur in admin and education, being 20 years a midwife and having my honours degree in advanced midwifery. All above did not granted me any promotions. Because I'm one of the most competent SR's in unit, they will never promote me" (WC – public sector).

Relationships: Some experienced a lack of team cohesion and a positive work environment: *"Not enough team work and encouragement from senior staff. Most of the time you just get criticised"* (GP – private sector). Another participant cited *"personal grudges"* (GP – private sector) as an obstacle to be successful with promotion.

4.4 SUMMARY

Participants from both the public and private sector, in both the Western Cape and Gauteng provinces participated in the study. The final sample represented mostly African participants followed by Coloureds, Whites and lastly Indians. The Coloured participants were mostly from the WC while the African participants were mostly from Gauteng.

The results in the first instance, reflected a focus on the implementation of the Employment Equity Act. Although the Employment Equity Report of 2015 reflects ongoing low presentation of Africans in managerial positions in the Western Cape, public and private sector participants are of the opinion that Africans are given preference with regard to promotional opportunities.

Racial, gender and hierarchical relationships in the workplace improved according to the responses to the Likert scale questions. Statistical significant differences were noted on how the various race groups perceived aspects pertaining to the EEA such as promotions of African nurses and White nurses. Whereas African nurses would indicate that White nurses are mostly promoted, White nurses would indicate that African nurses are the favourite group to be promoted.

Participants in both sectors and provinces were of the opinion that promotions and appointment practices are not fair and transparent. Statistical significant differences were noted in terms of position, i.e. managers versus followers. For example, managers indicated that promotion processes and outcomes are fair and transparent while the followers i.e. the PNs indicated the opposite.

The quantitative results reflected a lesser influence of class on promotion practices. Statistical significant differences were observed between the views of males and females. Whereas females would indicate that class does not influence successes with promotions males would indicate the opposite. Furthermore, the Coloured group was also more concerned that gender will influence promotion opportunities in the workplace. These statistical findings were also

aligned with the responses to the open-ended questions that indicated concerns about the promotion of males in the public sector in the WC.

Whereas statistical data reflected improvement in racial, gender and hierarchical relationships the responses to the open-ended questions showed the opposite. The findings of the open-ended questions provided a picture of turbulent racial relationships, and more specifically, in the Western Cape public sector. The findings of the open-ended questions pertaining to the private sector were less profound.

Furthermore, statistical data reflected views that the management of facilities places less value on the competencies of African nurses and more value on the competencies of White nurses. These findings were aligned with the findings of the open-ended questions that revealed discriminatory practices and disdainful behaviour exhibited towards African nursing staff. African nurses in the public sector in the WC reported that they are marginalised in the clinical field and denied exposure to managerial activities; that these are mostly assigned to Coloured and White nurses.

In addition, the findings show a profound tendency of stereotyping that relates to the competencies of African nurses; that they are viewed as incompetent and them reflecting on being treated as inferior.

Discrimination also surfaced in terms of age and religion. Younger PNs reported to receive less respect and more work while older PNs reported to be denied study leave and promotion. African nurses reported that their religion and culture are less respected in the WC public sector while Muslim nurses reported being uncomfortable with praying routines practices in the workplace by other religions.

Various comments reflected the presence of autocratic managerial practices, the misuse of power and that relationships, family ties, affiliations with social clubs and political parties influence decision making regarding promotion.

In addition, it appears that competencies are not adequately assessed during the promotional processes and that succession planning, career development and the empowerment of nurses requires attention.

The next chapter relates to the findings of the qualitative part of the study.

CHAPTER 5

PRESENTATION OF THE QUALITATIVE DATA

5.1 INTRODUCTION

While the previous chapter provided an exposition of the quantitative data, the current chapter focuses on the qualitative data comprising biographical data of the participants in the interviews as well as the emergent themes and subthemes.

Participants in the qualitative section of the research comprised a leadership group that exemplified nurse leaders from across SA, as well as a hospital-based group. The latter included nurse managers who chaired selection committees, human resource managers, successful and unsuccessful candidates and a fifth group comprising an observer who was inclined to be a nurse manager, human resource official or a custodian. The groups were described in Chapter 3.

The qualitative findings relate to the third objective of the study which was to:

- Explore the practices imbedded in the selection processes of nurses in leadership positions as experienced by those involved in the selection processes.

Members of the various groups were therefore included as it was believed that since they had been involved in the selection processes, they would be able to provide a better report of selection practices in the hospital environment.

5.1.1 Points to consider in the discussion

Some hospitals have a human resource manager (often a more senior person) and a human resource official (a more junior person). The director of nursing at a central hospital is referred to as the head of nursing. The head of nursing at a private hospital is referred to as a nursing service manager. Nurse management in the hospital environment reflects 3 levels; junior, middle and senior management. Junior management relates to two positions: a senior professional nurse (novice or trainee level) and the unit or operational manager (the actual junior manager). Middle management relates to an area manager (assistant director in nursing) and a deputy nurse manager. Senior management relates to the head of nursing (public sector) or the nursing service manager (private sector). In an effort to protect the identity of the participants, terminology such as junior, middle and senior management is used and not the actual rank of the participant.

5.2 BIOGRAPHICAL DATA

5.2.1 The leadership group

Four of the five participants in the leadership group were in possession of PhD degrees. The fifth participant was in the final stages of achieving a PhD degree. Two participants were in the academia, two in the private sector and one in the public sector. The leadership group constituted one male and four females. Three participants within the leadership group had served on the South African Nursing Council at some stage in their career. Four participants were in the age group 50- to sixty-years of age and one was older than 60 years.

5.2.2 Hospital-based participants (4 sub-groups)

This comprehensive group of five sub-groups included the rest of the participants i.e. 40 participants. Sub-groups were human resource officials or managers, successful and unsuccessful candidates, the chairpersons and a fifth person who was generally the observer. The group as a whole consisted of three males and thirty-seven females. From this group twenty-two were in the age group 50-59, sixteen in the age group 40-49 and two were younger than 40 years.

Thirteen human resource managers participated in the study and all had formal qualifications in human resource management.

The chairpersons of the selection interview, i.e. the nursing service managers (private sector) or head of nursing (public sector):

- **Gauteng:** All the chairpersons were females of colour, two African (both had master's degrees) and two Coloured (one had a master's degree and one a postgraduate diploma)
- **Western Cape:** The three chairpersons in the private sector were White females (all three had a postgraduate degree that include nursing management) and the chairperson in the public sector was Coloured (postgraduate diploma in nursing management)

The successful candidates

- **Gauteng-** private sector: Two African females (one had a speciality qualification and the other a speciality qualification and nursing management) and one Coloured female (postgraduate diploma in nursing management). Public sector: one African female in possession of a postgraduate degree and two specialities.
- **Western Cape-** private sector: An African female (postgraduate diploma in nursing management, Coloured female (postgraduate qualification in nursing education) and a White female (postgraduate degree that includes nursing management). Public

sector - Coloured female (two postgraduate qualifications, which is a diploma in nursing management and a speciality).

The unsuccessful candidates

- **Gauteng-** private sector: The group consisted of one White female with a postgraduate clinical specialist qualification, two African females (one with a postgraduate qualification in nursing management and the other one studying towards such a qualification) and a Coloured female (postgraduate diploma in nursing management). The public sector included an African female participant with a postgraduate qualification in a clinical specialist and in nursing management.
- **Western Cape-**private sector: This group comprised one White female with a master's degree and a postgraduate diploma in nursing management and one Coloured female with a postgraduate degree i.e. a clinical speciality, and the candidate was studying towards a postgraduate diploma in nursing management. The candidates in the public sector included one African female and one Coloured female. Both candidates were in possession of postgraduate qualifications comprising a clinical speciality and nursing management.

The fifth person/observer: This role was occupied primarily by a human resource official or manager (previously discussed, see current section: Biographical data). It was observed that at three hospitals there was no such second human resource official available or the second human resource manager refused to participate in the study. In these cases, someone who had experience appointing candidates to managerial positions was recruited. The persons who were recruited comprised three nurses who each occupied a middle management position. All three participants were in possession of postgraduate qualifications comprising a clinical speciality and nursing management.

5.3 THE THEMES AND SUBTHEMES

Nine themes emerged from the data. Once the researcher had completed the process of iterative readings of the transcript and had listened to the recordings, she coded the interviews. It was important to focus on the messages that the participants were trying to convey, keeping in mind the underlying objective related to the qualitative data. During this process the natural themes underlying each interview or section of an interview usually surfaced from the data. These main themes were identified and groups clustered accordingly. During a second round of coding, the researcher observed similarities and overlapping themes. For example, twelve themes were initially identified, of which some were racism, discrimination, patriarchy, hierarchical issues and class. Upon the second round of coding and re-checking of themes,

hierarchical issues were moved to class, and racism and discrimination were group to racial discrimination. Aspects of patriarchy that reflected male dominance were moved to gender whereas other aspects such as structures of oppression (managers exerting influence over followers) were moved to class. Consequently, the main themes were adapted, ultimately reducing the number of themes.

The study incorporates the intersection of race, class and gender; as well as the influence of the EEA on promotion systems, the province, specific sectors (private or public) and the positions of participants as per the quotations. However, the race and gender of the participants are commented on in instances that fit the contexts of particular arguments. The decision was made to prevent an unnecessarily persuasive focus on race and gender in arguments that did not relate to either which might distort the actual findings. Furthermore, the detail was intended to cultivate a good spread of quotations to avoid giving prominence to data from specific participants, sectors or provinces. In addition, the pre-conceived ideas of the researcher are mentioned prior to the presentation of the individual themes to draw attention to the relevance thereof.

The themes and subthemes that emerged from the data are displayed in Table 5.1. The table also reflects examples of what the subthemes entail.

Table 5.1 Themes and subthemes

Theme	Subtheme	Example
Promotion and appointment – a prickly pear?	Normative practice	<ul style="list-style-type: none"> • Public • Private
	Strategic appointment	<ul style="list-style-type: none"> • Political appointment • Consider influence
	Unsound	<ul style="list-style-type: none"> • Leaking of interview questions • Panel not carefully chosen/not prepared
	What candidates should know	<ul style="list-style-type: none"> • To be prepared • Requirements according to advertisement
	Prior knowledge of the candidates	<ul style="list-style-type: none"> • Succession planning
	Being previous disadvantaged	<ul style="list-style-type: none"> • Legacy of apartheid
The interview – counts and discounts?	What it takes	<ul style="list-style-type: none"> • Nervousness • Having to sell yourself • Interview fit
	The focus	<ul style="list-style-type: none"> • Personality • Competencies and experiences • Envision scenarios
	Comfort of language	<ul style="list-style-type: none"> • Mother tongue • Synonyms
	Feeling comfortable	<ul style="list-style-type: none"> • Race • Relates to language proficiency and being previously disadvantaged
The Employment Equity Act – baby with the bath water?	EEA real and considered	<ul style="list-style-type: none"> • Most recent statistical data considered • Motivation of not able to follow the statistical data

		<ul style="list-style-type: none"> • Grow own timber • Influence of the past
	Delayed implementation	<ul style="list-style-type: none"> • WP and GP • Progress slow
	Barriers	<ul style="list-style-type: none"> • Not interested • Few employment equity applicants • Need to convince about potential for development (management to drive) • Language
Candidates, qualifications, experience and promotion – what works best?	Unsuccessful candidates	<ul style="list-style-type: none"> • Fitted equity • Qualifications and experience not considered/enough
	Successful candidates	<ul style="list-style-type: none"> • Qualifications considered • Succession planning
Racial discrimination – alive and well, unfortunately...	Towards a senior nurse manager (African)	<ul style="list-style-type: none"> • Displayed by doctors • Displayed by patients • Appointing Africans in managerial positions • Exposed by White nursing management • Culture of hospital
	Towards the African human resource manager	<ul style="list-style-type: none"> • Increased motivation for the appointment of an African manager • Doctor's board
	Towards the African academic	<ul style="list-style-type: none"> • Fellow academic • Research support
	Tribalism	<ul style="list-style-type: none"> • Appointment according to ethnic group
Class – casting the dice?	Being in-charge	<ul style="list-style-type: none"> • Autocratic behaviour • Scaring followers
	Being professional	<ul style="list-style-type: none"> • Socio-economic realities not on the forefront • Nor rich nor poor • To be presentable
	Class is more important than we think	<ul style="list-style-type: none"> • Management to inform candidates about the influence of class • Impressions count
	The instrument of class: refined communication	<ul style="list-style-type: none"> • Eloquently speaking • Not to be loud
	It counts where you come from	<ul style="list-style-type: none"> • Exposure and experience
	Money talks loud	<ul style="list-style-type: none"> • Bread and butter issues
Gender – complexities in a predominantly female profession?	Where culture dictates	<ul style="list-style-type: none"> • Males to dominate
	EEA – a preference for males	<ul style="list-style-type: none"> • Promotion of males
	Males advantaging other males	<ul style="list-style-type: none"> • Hetero-negativity: Appointment of a gay male who apparently did not qualify in terms of experience; thus, perceived discrimination against the female nurse who was said to qualify for the position
Bias – comfort with kind?	Race intersecting with gender and class	<ul style="list-style-type: none"> • White and Coloured staff towards African staff • White male towards African female • White female towards African female
	Relationships/knowledge obscuring objectivity	<ul style="list-style-type: none"> • Impaired relationships between leader and follower • African manager towards African staff
	Appointing own kind	<ul style="list-style-type: none"> • Appointing foreigners • Identifying with own kind

	Interview of unsuccessful candidate	<ul style="list-style-type: none"> • Preferred candidate • Superficial interview for unsuccessful candidate
	Managing bias	<ul style="list-style-type: none"> • Selection of diverse panel • structured interview guide
Health care – business as usual?	Doctors as stakeholders	<ul style="list-style-type: none"> • Income generating • Consider their influence
	Geographical area and language	<ul style="list-style-type: none"> • Location • Language
	Stakeholders and class	<ul style="list-style-type: none"> • Bias towards African staff • Protecting image of the company

5.3.1 Promotion and appointment

The theme relates to matters underlying the promotion and appointment processes of nurses as described by the participants. Six subthemes emerged from the data (see Table 5.2). One preconceived idea of the researcher was that the selection team had most probably pre-identified the candidate. The advertisement and selection processes are then about following protocol.

Table 5.2 Promotion and appointment

Theme	Subtheme	Example
Promotion and appointment – a prickly pear?	Normative practice	<ul style="list-style-type: none"> • Public • Private
	Strategic appointment	<ul style="list-style-type: none"> • Political appointment • Consider influence
	Unsound	<ul style="list-style-type: none"> • Leaking of interview questions • Panel not carefully chosen/not prepared
	What candidates should know	<ul style="list-style-type: none"> • To be prepared • Requirements according to advertisement
	Candidates that you know	<ul style="list-style-type: none"> • Succession planning
	Being previous disadvantaged	<ul style="list-style-type: none"> • Legacy of apartheid

Normative practice: Most participants in the public sector indicated that the basic promotion and appointment process revolves around advertising and appointments that should reflect the requirements for the position. Positions are advertised on the provincial website and in national newspapers. Thereafter, the applications are weighted against the requirements stated in the advertisement - it is about ensuring which applicants fit the requirements and are therefore appointable. Once the list of appointable candidates has been completed, it is rank-ordered according to the guiding principles of the EEA. Furthermore, the curriculum vitae of each shortlisted applicant is evaluated by the panel as a whole:

“We take the advert and we put it here and then we draft the criteria together as a panel. We look at the requirements of the post. We look at the requirements of the post and we put that as a criteria. Remember before you can even go into the advert there is just basic criteria,

selection criteria. That should be adhered to. If a person does not speak to that it doesn't matter who you are, your CV should be disqualified, like in the public service, you must complete your Z83. Your Z83 should be signed and dated. The date should not be, should not be before, or should not be after the closing date, we check things like that, I have an advert, I have the shortlisting criteria, and then I have, the advert has a closing date as well. We look at basic things like those, and then from there we look at the normal employment equity, like criteria. Which is Africans, Coloureds, White, and Indians and then we allocate a point to each and every one of them and then we look at disability" (Human resource manager: WC public sector).

The human resource manager explained that the selection panel should be diverse in terms of gender and race. Furthermore, each member should be on the same or a higher level of the position that needs to be filled:

"The composition of the panel, to ensure that it is representative, in terms of race, gender and position as well, because the post that we apply for, the selection panel, that is constituted, has to be on the same level, or higher".

In the private sector, the employment processes are more or less the same as in the public sector. Private healthcare companies generally advertise vacancies via their own websites. Some companies use advertisements in newspapers and their websites for recruitment purposes. The shortlisting of candidates depends on the practices of the specific company and is completed by nursing management alone or by both human resources and nursing management:

"Firstly, when we place an advert, we just put the requirement or we place the requirements for that particular position, not forgetting the experience in a management role, because my role as a nurse manager, I employ unit managers. I employ team clinical, specialist to deal with. So, we have to look at the requirement first and from there, normally they will send their CVs to HR, Human Resource may forward a list with the names and their CVs in a folder, then I will have to go through the list and look, according to the requirements, we don't even looking at the name or the surname of the individual. So, I look into there, and then I say "Okay, this one looks like more experience than I need", the short, I do a shortlist. It's very critical when we also do the shortlisting that we will have to look into the ACI candidates" (Senior nurse manager: GP private sector. ACI: abbreviation for African, Coloured and Indian).

However, the researcher observed that the selection panel in private healthcare is seldom diverse as most people in senior management are White.

“The panel is not diverse ... Because most people at the corporate office are white” (Nurse manager - middle management: WC private sector).

Strategic appointment: A senior nurse manager at the participating public hospital in Gauteng related the importance of political connectedness and the value thereof for the hospital, especially in terms of budget allocation and the community at large. It may be useful to identify such a candidate beforehand and then inform the appointment panel of the suitability of the applicant. The manager acknowledged such an approach as not being ideal:

“En ons budget is spesifiek vir ’n [...] hospitaal...om jou mandaat uit te voer, so jy sien wanneer hulle begin om die budget op te stel... maar ook om te kyk na om, om ander hospitale in die omgewing te bou...Moet jy daai besluit kan beïnvloed. Jy moet basies die hospitaal bou van die begin af. Jy moet hom opbou so dit is hoekom dit belangrik is wanneer jy jou aanstellings maak...het jy al hierdie goedjies in jou kop. En jy moet kyk hoe gaan jy jou ondersteuning trek...van verskillende vlakke af selfs van jou community af...” “...hê jou gemeenskap...moet jou hospitaal ondersteun”.

Translated response:

“And our budget is specifically for a central academic hospital...to execute your mandate, so you see, when they begin to prepare the budget...but also to see, to get other hospitals being built in the area...You need to be able to influence that decision. You basically have to rebuild the hospital from the beginning. You need to uplift this hospital so it is important that when you make appointments...that you keep all things in mind. And you need to look at how you are going to attract support...from different levels and even the community...have the community to support your hospital”.

A nurse leader in academia (from the leadership group) described her experiences about political appointments in the public sector stating that senior officials at the provincial department of health tend to influence appointments in managerial positions. Irrespective of the choices made by the selection panel, the appointment is often cancelled and the candidate replaced by a candidate preferred by the provincial department; one who is affiliated to a specific political party.

“...as ’n mens hoër gaan, alhoewel dit nie klinies in die hospitaal is nie, maar dit is nog steeds binne die, vir die gesondheids-sisteem, gaan dit ook oor wie is die kandidaat in beheer, en is dit ’n political deployment. Jy weet, is hulle daar as gevolg van competence of is jy daar as gevolg van dat jy in, die politieke party van die dag steun. So dit is sulke power issues, wat ook uitspeel”

Translated response:

“...if one goes higher, although not clinical, in the hospital, but it is still within the health system, it is also about who is the candidate in charge, and it is a political deployment. You know, are they there due to competence or are you there since you support the political party of the day. So it is such power issues that outplay”.

Some hegemonic environments produce influential individuals, with strong so-called “Afrikaner Broederbond” loyalty who are Afrikaners who support the appointment of other Afrikaners within this group. The nurse leader in academia (from the leadership group, White) explained that influence, power to appoint, could stem from such power houses. She mentioned two predominantly Afrikaans universities where such a mind-set prevails:

“...uitspeel amper nog aan die Broederbond mentaliteit. Daar is “n groep wat na mekaar kyk. Dit is wat ek bedoel”.

Translated response:

“...the outcome is sort of still related to the Broederbond mentality. There is a group that care for each other. That is what I mean”.

Unsound practices: It became apparent during some research interviews that the interview guide for selection committees reached some candidates prior the interview - suggesting that there were efforts to advantage certain candidates:

“I was in the panel for, for the, the senior Sisters to be promoted to be the chief. Two Sisters from ICU ...They knew the questions, you can read between the lines when they, the way they were answering. There is somebody who is answering innocent. I was also involved recently, was it November, I think it's November if it's not October, a Sister who is going to be a mentor. Oh she was very fluent to answer there but you can see she is just innocent. Those two Sisters you can read between the lines. They knew the questions” (Junior manager: WC public sector).

Irrespective of interview questions being known in advance, as indicated previously, panel members in the public sector should be informed ahead of time about the selection interview to be conducted, and should have been involved in the preparation of the interview guide. Yet it seems as if the protocol is not always adhered to, thus minimizing the likelihood of certain candidates being successful. The quotation below relates to an incident where the participant was asked on the spur of the moment to participate as part of a selection panel for a unit manager's position in a specialist area. The participant was disturbed by the situation for the reason that the questions in the guide related to another nursing speciality and not theatre:

“Want die vrae is klaar opgestel. Dan kan hulle maar enigeen kom roep om net die vrae uit te lees ... Ja, jy moet self jou antwoord bepaal? Ja, en jou vraag ook. Maar hy het toe die vrae en ek moet net die oggend kom aflees en dan moet ek ook hier sê die persoon het nou, ek voel dit was “n goeie antwoord nie. En ek het vir hom gesê jy het nie die teater tegniek nie. Daardie vrae behoort aan die eenhede. En die vrou het nou reg” (Nurse manager - middle management: WC public sector).

Translated response:

“As the questions were already prepared. They could have called anyone to just read the questions. Yes, you need to determine the answers yourself? Yes, and your question as well. But he had the questions and the morning I had to come and read it and I also had to say now the person had not given a good answer. And I told him you do not have theatre technique. Those questions belongs to the units. And the woman had it correct” (Nurse manager - middle management: WC public sector).

The subtheme about unsound practices concerns descriptions provided by different participants all employed at one hospital. These practices did not surface in the interviews conducted at any of the other participating hospitals. The participants described experiences where they were personally involved. Their experiences demonstrate promotional practices that could be considered ethically unsound.

What candidates should know: Participants who were senior nurse managers expressed that candidates with little to no managerial experience would apply for a unit manager's position. In such cases it was important that the candidates were able to reflect on continuous professional development and what they had done to empower themselves. It was also considered important that candidates measured themselves against the requirements reflected in the advertisement.

“I am asking her “You don't have any managerial background, but you have applied for a Unit Manager position. What have you done to empower yourself or to lift your hand to your current employer with to say, I need development”. So we do the interview and then, I look at qualities of a Unit Manager. We ask specific questions that are structural questions and technical questions that are job related. So the best candidate obviously will get that position. Whether it's EE or not,” (Senior nurse manager: GP private sector. EE: abbreviation for employment equity).

In addition, the participant was of the opinion that the candidates often did not prepare for the interviews and lacked knowledge of the company itself:

“Ek verwag van iemand wat kom vir ’n onderhoud, om voor te berei, om vir my te wys hy stel regtig belang in hierdie pos, en ek het al ’n bietjie opgelees oor die maatskappy, of ek weet ’n bietjie van die maatskappy, of ek het ’n bietjie opgelees oor leierskap, of ek het ’n bietjie opgelees oor gehalte verbetering” (Senior nurse manager: WC private sector).

Translated response:

“I expect someone who comes for an interview to prepare, to show me he is really interested in this post, and I have read a bit about the company, or I know a bit about the company, or I have read a bit about leadership, or I have read a bit about quality improvement” (Senior nurse manager: WC private sector).

It is therefore to the candidate’s advantage to be knowledgeable not only about the work, but also about the company itself.

Prior knowledge of the candidates: The best candidates are not always those who succeed at selling themselves at an interview. The current theme again points to engagement in succession planning and empowerment to ensure the availability of competent candidates to appoint in junior managerial positions.

“...Somebody would be very good with the interview theory, then when you go to the ward where she’s working, you expect to see that best performer, but you find that you are struggling. Unless you know that person, you know you’ve been working with this person, you can see that you have developed that person and you can see that this person goes an extra mile, she works and, I did that previously. You know, I prepared somebody, you know, developed somebody and taught her, while I was an area manager...trying to teach her and then she did very well... because of the way I have tried and developed this person, she was appointed as an operational manager and she’s doing good (Nurse in middle management, African: GP public sector).

“Daar ’n groot mengelmoes van, van mense wat op development is. Ek moet vir jou eerlik sê, as dit iemand is van buite af, wat nog moet die pad gevat word, kyk ek nie na daardie persoon nie, want die energie wat daarin gaan, is te veel” (Senior nurse manager, White: WC private sector).

Translated response:

“There is a huge mixture of, of people that are on development. I honestly need to tell you, if someone is from outside, that has to be taken down the road, I do not look at that person,

because the energy that goes into it, is too much" (Senior nurse manager (White): WC private health care).

The tendency to develop internal candidates to ensure a competent workforce seems to be meaningful for some members of management. However, extreme focus on the internal candidate could lead to diminished likelihood of success for EEA candidates with the necessary qualifications but who have yet to be given managerial exposure:

"I was unable to persuade the manager that she may be needed to look at the EE candidate which the EE candidate wasn't as experienced as a candidate that she chose, but she could possibly have been developed" (Human resource official: WC private sector).

However, a senior nurse manager (African) in the private sector in Gauteng was less concerned about experience but believed that if a candidate had the required qualifications, the person could be groomed. The African nurse manager expressed a willingness to assist with the grooming of such a candidate:

"we also don't overlook the qualifications because why I am saying in terms of the person that cannot perform that good, in terms of experience, you can find somebody that's newly qualified, they have got the qualification. And they still not much exposed but they have potential. You can teach. Because I try to discourage this issue of when there is a qualification that is attached to a job, you overlook it. It just makes it easier to teach that person who does not have the competencies. Because they have a background. They have a foundation".

Being previously disadvantaged: A number of human resource officials, a human resource manager and senior nurse managers in the private sector described the impact of being previously disadvantaged, upon candidates. It transpired that these candidates had struggled financially and had extended families to care for, financially; they were therefore dependant on allowances additional to the basic salary of professional nurses:

"Uhm I take home more money working as an RN (professional nurse) than I do if I am going into a management position. And I have got financial responsibilities, I have got families that I must take care of and I don't want a unit manager offer".

A senior nurse manager explained that there was a tendency among previously disadvantaged nurses to resign as they were in need of financial resources that the pension fund provides:

“... they will resign at least three times to get their pension out, you know so I think that they still previously disadvantaged in some way ...” “... due to being single parents and trying to support more than one family maybe and extended family I don’t know there is a lot of issues”.

A senior human resource manager explained her understanding of the influence of a subservient upbringing that she said may inhibit previously disadvantaged staff from taking up managerial positions. Moreover, she had found these candidates to be afraid of taking up managerial roles on account of their being raised to be subservient:

“... You were a second-class citizen. And if we’re talking way back when, now we’re twenty years into democracy, but my journey in terms of getting managers is none of them are coming out of that pool because I need you to have the clinical know-how first and then on top of it, the management. And let’s be honest. You weren’t encouraged to open your mouth. Please don’t be thinking out the box. And no one ever encouraged you to do it. No one gave you the benefit of an education to look at the specific elements of an executive thinking approach. For somebody’s who’s always been told what to do, now I’m taking you to a manager and I’m saying you manage. They’re scared, some of them are scared to take the leap”.

A senior nurse manager (African) in private health care explained that as a result of their being previously disadvantaged, some candidates might assume that they would be unsuccessful:

“And the fact that we are so used to the fact that you know the job doesn’t belong to us, if they appoint somebody because you will go to an interview but you know you don’t even also go with confidence. Knowing that I am going to get the job. You go and you, you know I am just going to, to have a feel and touch of it and then when they appoint somebody it’s something that you will be expecting”.

The elucidations of the human resource manager and the African senior nurse manager seemed to speak to long-standing influences of apartheid on the mind-set of some previously disadvantaged nurses.

The findings show that a standard process is followed in both the private and public sectors to appoint persons in managerial positions. Some nurse managers valued the strategic appointment of influential individuals whose presence as part of the management team could benefit the hospital and community at large. However, there was the possibility that certain appointments might be overruled by political figures. In addition, not all appointment processes were secure and the possibility existed that irregularities might influence appointment

processes. Furthermore, internal candidates who were assisted through succession planning had an advantage as the panel knew their value.

5.3.2 The interview

This theme pertains to the realities of selection interviews as described by those who have participated in these, efforts of the panel to ensure that the right candidate was chosen and difficulties pertaining to language and confidence of the female of colour (see Table 5.3). Preconceived ideas of the researcher: An interview can be intimidating and it is important that the candidate receives practical guidance. The guidance could be contained in the succession planning process that should ideally precede the application.

Table 5.3 The interview

Theme	Subtheme	Example
The interview – counts and discounts?	What it takes	<ul style="list-style-type: none"> • Nervousness • Having to sell yourself • Interview fit
	The focus	<ul style="list-style-type: none"> • Personality • Competencies and experiences • Envision scenarios
	Comfort of language	<ul style="list-style-type: none"> • Mother tongue • Synonyms
	Feeling comfortable	<ul style="list-style-type: none"> • Race • Relates to language proficiency and being previous disadvantaged

What it takes: Although one could be an extrovert and confident, the formal setting of a selection interview could influence one's performance. A junior manager in the private sector in Gauteng explained that she experienced nervousness during her interview, so much so that she afterwards felt that she could have provided more appropriate responses:

“I’m not an introvert, but when I go out, when I reflect on the questions, I felt like I could be given a second chance to come in and set, but here I wanted to say this and that. So, because of the formality of the interview, sometimes it has an impact on how someone responds, because you tend to try to say things you think they want to get”.

Members of an interview panel ought to remain neutral and professional. Yet the formal atmosphere of the interview setting could be rather intimidating and a successful candidate in the private sector in the Western Cape experienced that members of the panel were not necessarily paying attention to what one was saying:

...want hy het in elk geval nie vir my gekyk nie... ... Video conference jy weet, so dit is die TV-skerm met die kameras aan weerskante, so dit is, dit is regtig intimiderend”.

Translated response:

“... because he in any way did not look at me... Video conference you know, so it is TV screens with the cameras on both sides. So, it is, it's really intimidating”.

Notwithstanding their nervousness, it is expected of candidates to sell themselves in an interview, talk about their achievements and convince the panel that they are ideal for the job. While many strived to impress during the interview, others were unable to engage in the formal conversation:

“Sy sê ...jy weet, ek moet myself meer verkoop. Ek moet meer my, en ek weet nie hoe nie”.

Translated response:

“She said ... you know, I should sell myself more. I need to more myself, and I do not know how” (junior management (White): GP private sector).

“They answer one question and then they keep quiet. You have to ask – you have to follow up this person and really push them into answering” (Nurse – middle management: GP public sector).

However, some candidates who were confident and managed to convince the panel of their competencies, were not able to display confidence and competence in the work situation itself once they were appointed. These candidates ultimately disappointed the people who appointed them. Some managers referred to candidates who displayed competence during the interview, but who once appointed were not competent with the actual work, as “interview fit”. These candidates seemed to be competent in promoting themselves and how to impress an interview panel:

“... but we all know that there are people that refer to as “onderhoudfiks” (translated words: interview fit. Leadership group (White): WC private sector).

“Because somebody would be very good with the interview theory, then when you go to the ward where she's working, you expect to see that best performer, but you find that you are struggling. You are struggling, you have not appointed the right person” (Nurse – middle management: GP public sector).

The focus: The method of assessment of shortlisted candidates in the public sector depended on the seniority of the position. Candidates who applied for middle or senior management position underwent a threefold assessment that included a presentation based on a scenario, a competency test that focussed on personality traits and the interview. The competency test was not a requirement for a middle management position but was applied, if necessary.

Some private healthcare companies required that candidates who applied for middle- and senior-management positions had to present a case study, undergo a psychometric test and an interview. However, some companies were satisfied with just an interview and a psychometric test. An interview was considered sufficient for all positions below a middle management position. Several senior nurse managers (private and public sector) explained that they had experienced the need to ask questions during the interview which would shed light on the personality of a candidate:

“We are not only looking at the knowledge. We are also looking at the skills and the attitude, so those three determining factors because the questions that we are asking in an interview cover the three areas. ... got all the degrees and everything but then I know my context, I need to get somebody who will fit into my context in terms of personality” (Senior nurse manager: GP private sector).

Another senior nurse manager in Gauteng, private sector, also considered the personality of the candidate as being important:

“So, I also look for that when I sit and I look at this person; what is this person gonna bring from a personality point of view; a social point of view; uhm, spiritual point of view; professionally and where has this person been?”

Since competencies and experiences also counted, the interview guides of the panels contained structural and technical questions that were job specific:

“The questions you select must be based on the competencies that you want to see, the practical competencies and also the, uhm, the leadership competencies” (Human resource manager: WC private sector).

In order to ensure that the candidate had an idea of how to manage a ward, the candidate had to react to certain scenarios that were provided; describing to the panel how they would manage situations:

“... so much beds, so many beds, we’ve got so many doctors... the challenges are one, two, three, four, five. How would you in your first hundred days ensure that you try ...” (Senior nurse manager: GP private sector).

At the time of data collection, a postgraduate diploma in nursing management was not a requirement for advancement into managerial positions in private healthcare, however some senior nurse managers regarded it as important, whether the candidate applied for a junior or senior managerial position:

“It just makes it easier to teach that person who does not have the competencies. Because they have a background. They have a foundation. If I am appointing a unit manager, I will want a diploma, definitely” (Senior nurse manager: GP private sector).

Although experience in management in private healthcare was the ultimate requirement for a managerial position, some nurse managers preferred that a candidate be in possession of a formal postgraduate qualification in nursing management. This stance was supported by an academic in the leadership group. This participant, an academic in nursing, explained that research had proved that better qualifications contribute to improved patient care. Therefore, the tendency of nurses to rely on experience was unconstructive as it negated the value of education and was not aligned with evidence-based practice:

“En, die ander negatiewe ding wat ek ervaar is dat, baie dikwels word hierdie bevordering na leierskap-posisies gebaseer op ervaring, en nie werklik wat is iemand se, se competence nie. Daar is “n verskil tussen experience en die competence. Wat is werklik hulle competence? Waar die evidence dit net meer en meer en meer bevestig. Hoe beter die kwalifikasie hoe beter die pasiënt uitkoms”.

Translated response:

“And, the other negative thing that I have experienced is this promotion into leadership positions based on experience, and not really what is someone’s competence. There is a difference between experience and competence. What are really their competence? Evidence has confirmed it more, and more and more. The better the qualifications, the better the patient outcomes”.

Comfort of language: The ability to communicate in English appeared to be a strong aspect in the selection interview. According to various participants some African and Coloured females found it difficult to express themselves in English, during the interview. Not being able to express oneself in English appeared to be a disadvantage since it was required that

candidates be able to communicate in English. The human resource manager at the participating public-sector hospital in the WC explained that according to the recruitment policy of the hospital candidates may converse in a language that they were comfortable with. However, the interview panel had to inform the candidate about this option. An interpreter should be arranged in cases where the language of communication was not English:

“But I don’t think that most of the candidates that are invited, is aware that you can request to respond in the language that is comfortable to you. So that could be a contributing factor as to why your Coloured and your African female, in terms of the competency assessments, the test that is done, that they fair lesser than your, your White counterparts, who is better versed probably in English or in Afrikaans”.

A senior nurse manager (White) in the WC, private sector, expressed understanding of the language issue as English was not the first language of many of these candidates.

“Struggling to understand your question, even though you are trying to uhm break it down”. ... Someone’s first language isn’t English, the first, Xhosa or English, I mean Xhosa and Afrikaans, anything, it’s very, very difficult for them in an interview”.

Feeling comfortable: Several participants experienced that the females of colour fared badly in the interview when compared to the White female. A senior nurse manager (White; private sector) in the Western Cape experienced that Coloured nurses lacked confidence; that they did not believe that they were able to be managers. Moreover, some Coloured nurses revealed a strong awareness of being oppressed while others lacked confidence and did not believe that they were destined for greater heights. There was also a notion that perhaps the senior nurse manager (White) was not able to identify with the perceived lack of confidence or did not understand what being oppressed entails.

“Ek dink, een van die, een van die barriers, veral van wat ek sien, by Kleurling mense is, jy kry 2 pole. Een lot was sê ek sal fight vir wat ek wil hê want ek is geonderdruk en ek is swak behandel en ek gaan hard fight daarvoor, en die ander ene wat sê ek is insignificant en ek kan nie net gaan nie”. Ek weet nie of dit is nie, en of dit net is, maar ek kan nog nie glo dat ek dit regtig kan doen nie. Ek weet nie. Ek weet nie.

Translated response:

“I think one of the barriers, mostly what I have seen, with Coloured people is, you get 2 poles. One lot that say I shall fight for what I want, because I was oppressed and I was treated bad and I shall fight hard for it, and the other one that say I am insignificant and I will not go”. I do

not know if it is that, if it is merely, but I can still not believe that I can really do it. I do not know. I do not know”.

A senior nurse manager (African) in Gauteng explained that she understood why the female of colour might seemingly lack confidence and ascribed their behaviour to the legacy of apartheid:

“I think it’s still very raw in their mind from the upbringing, this apartheid issue. Such that a lot of them actually it’s like when your child, you keep telling your child you are stupid, you are stupid. It will grow up thinking they are stupid. So, it was wrapped into them so much that you know. You cannot do anything right, you cannot do anything right, to such an extent that when they have to go up there, it becomes very difficult”.

This senior nurse manager (African) ascribed poor performance in the interview to difficulty to articulate what they wished to convey in English as well as their inferior education system.

“It’s an expression issue, it’s not a matter of uhm, because a lot of them cannot express themselves in English. It’s the language because if you look at the background the language was not the medium of instruction. So, it plays a major role as well. So, it gets very intimidating as well”.

The findings demonstrated that candidates should be prepared for interviews and be comfortable to promote themselves. Irrespective of their competencies and experiences, managers were aware of the benefits embedded in the personality, soft skills of a candidate and therefore endeavoured to bring such to the fore during the interview. Furthermore, proficiency in English was important as nurses were required to communicate with colleagues and patients. On the other hand, the longstanding effects of being previously disadvantaged and the inability to express oneself in English could hamper the outcome of the interview. Managers who had been oppressed seemed to understand the lack of confidence and an impaired English vocabulary.

5.3.3 The Employment Equity Act (EEA)

The theme concerns efforts to adhere to the EEA as well as barriers to adherence as described by the participants (see Table 5.4).

Preconceived ideas of the researcher: The researcher established that the manager needed to drive adherence to the EEA; had to purposefully keep an eye out for suitable candidates and engage in diversity training to minimize the preconceived ideas of the staff

already employed. In this case, preconceived ideas relate to stereotyping the abilities of African, Coloured and Indian nurses.

Table 5.4 The Employment Equity Act

Theme	Subtheme	Example
The Employment Equity Act – baby with the bath water?	EEA real and considered	<ul style="list-style-type: none"> • Most recent statistical data considered • Motivation for not able to follow the statistical data • Grow own timber • Influence of the past
	Delayed implementation	<ul style="list-style-type: none"> • WC and GP • Progress slow
	Barriers	<ul style="list-style-type: none"> • Not interested • Few employment equity applicants • Need to convince about potential for development (management to drive) • Language

EEA real and considered: The management in all sectors and participating institutions, admitted to being engaged in concerted efforts to adhere to the prescriptions of the EEA. The engagement related to following the monthly statistical data of “the band”, a term used by the participants. “The band” related to statistical data of the institution in terms of how many Africans, Coloureds, Indians and Whites were employed at the institution. More specifically, which of the racial groups were to be given preference according to category and level e.g. a Coloured male is needed in the category of a professional nurse or an African female is needed on managerial level and so on:

“... big focus or a big drive on equity, because for instance uhm we have got key performance indicators which at management level we aim to achieve. I think the policies that the company have put in place to try and address the issue of equity also maybe makes it very difficult for you to get out of line in terms of an appointment of a senior position centred around equity (Senior nurse manager: GP private sector).”

“...ons kyk na wie is die beste kandidaat en HR instruct ons dan dit is vir hierdie band moet dit “n wit persoon wees” (Senior nurse manager: WC private sector).”

Translated response:

“... we look at who is the best candidate and HR (human resources) will instruct us that for the band it should be a White person” (Senior nurse manager: WC private sector).”

However, once applications for a specific position had been received the applications were scrutinized for applicants who fitted the requirements for the position, thereafter those who fitted the requirements were arranged according the band data. If none of the applicants who

fitted the requirements of the position, suited the requirements of the EEA or band, another advertisement would be placed. If with the second advertisement no suitable candidates from previously disadvantaged groups applied, the best candidate from the group of White applicants who had applied, would be appointed. In these cases, the nursing service manager had to provide a strong motivation as to why an equity candidate was not appointed:

“... appoint a person who is out of that group, there is motivation that has to be done and that motivation has to be substantiated. So, you cannot just appoint just for the sake of appointing that person. ...person has to be either you know, in those critical skills that nobody else can have or you have struggled, proof that you have struggled to fill the position at the same, from the designated candidates” (Senior nurse manager: GP private sector).

The interview data also reflected a strong tendency to engage in succession planning. Thereby, potential candidates employed at the institution were identified and exposed to managerial activities to enable them to fill vacancies in this regard, should the opportunity become available:

“... she’s got the right mix. I need to get, I need to move the person through the system to get her exposed to as many elements of the business so that I believe, I’m seeing it now in the youngsters who are up and coming. So, we need to treasure what we have and if, if we’re going to be fair to them and to the company, we need to try and grow them from within as well, because each environment is very unique and dynamic (Human resource manager: GP private sector).

The same human resource manager explained further that it was possible to develop the younger generation, as the older generation, who had experienced apartheid, was not granted sufficient opportunities and were oppressed. The oppression seemed to curb the enthusiasm of the older generation:

“... but the older generation didn’t have and wasn’t encouraged in many ways to think. You know what, uhm, you, you were, you were a second-class citizen. And if we’re talking way back when, now we’re twenty years into democracy, but my journey in terms of getting managers is none of them are coming out of that pool because I need you to have the clinical know-how first and then on top of it, the management. And let’s be honest. You weren’t encouraged to open your mouth. Okay. You weren’t allowed to open your mouth. Please don’t be thinking out the box. And no one ever encouraged you to do it. No one gave you the benefit of an education to look at the specific elements of an executive thinking approach. ...kind of skill that you need, somebody just inherently doesn’t have it. And that has in some ways got a lot to do with colour

and in our country, I say that simply because of the education. They're scared, some of them are scared to take the leap".

Delayed implementation: The Employment Equity Act was introduced in 1998. However, the 2015 Employment equity reports revealed small numbers of females of colour who occupied managerial positions in private healthcare nationally and in the public sector in the WC compared to White females in these sectors (see Chapter 2). A nurse in a middle management position at the participating public hospital in the WC admitted that they had achieved slow progress with the implementation of the EEA:

"Dit het lank gevat, om regtig te transform nê. Maar geleidelik, bietjie vir bietjie gekom, bietjie vir bietjie gekom. Kyk ons, dit is maar baie moeilik".

Translated response:

"It took long, to really transform, yes. But it happened gradually, bit by bit it came, bit by bit it came. Look we, it is really difficult".

The following words of the nurse in a middle management position suggest that although the Coloureds have the largest presence in the province, it is about accommodating EEA.

"So dit is maar die ongelukkigheid daarvan. En ek dink vir die Wes-Kaap, omdat ons predominantely Kleurling is, is daar seker maar die sienswyse, waar daar gevoel word dat die ras wat hier oorheers, moet voorkeur kry, want dit is eintlik mos die mense wat hier woon". "... dit gaan nie oor die provinsie se demografie is meer Kleurlinge nie. Dit is wie die in equity is. So as die Kleurling getal vol is, dan moet jy daardie kant toe neig".

Translated response:

"So it's but the sadness thereof. And I think for the Western Cape, because we are predominantly Coloured, that is most probably the viewpoint, where it is felt that the race that is predominantly her, should get preference, because that is actually the people who are living here". "It is not about the demographics of the province that is more Coloured. It is about who is in equity. So, when the totals of the Coloured are satisfied, you need to bend to the other side".

The participating public-sector hospital in Gauteng has mostly Africans in managerial positions and the hospital is situated in a more rural predominantly African community. Managerial figures at the hospital admitted that more should be done to accommodate the EEA in terms of employing other races:

“People need to be given opportunities as much as you can. Even people from outside – Whatever colour. I’m worried that this hospital we have a lot of – I’m black myself, I’m an African... (Nurse in a middle management position: GP public sector)

A senior nurse manager at one of the hospitals was of the opinion that the EEA was not a priority as long as nurses from race groups – other than the African group - were not appointed in higher positions:

“dis niemand se prioriteit nie solank daar net nie ’n klomp witmense is of ’n klomp ander kleurige is wat in hoë posisies, dan gaan jy nou ’n probleem kry”.

Translated response:

“It is no one’s priority as long as a bunch of White people or a bunch of other colours is not appointed, then you are going to have a problem”.

Barriers: Participants from both sectors and provinces commented that it was not easy to find suitable African, Coloured or Indian nurses. Some professional nurses were just not interested in the junior managerial position. The salary package for junior managers in speciality areas at one of the private healthcare companies did not include a speciality allowance. The allowance was limited to the professional nurses working in the speciality unit. Subsequently, nurses working in speciality units of the company would forfeit the allowance should they have been appointed as a junior-manager in a speciality unit. The basic salary of a junior manager was however adjusted. According to a participant who had been appointed in a junior management position in a speciality unit, irrespective of the adjustment, her take home salary was substantially less:

“All that is taken away, they just increase your salary with a few thousand, but now, when your basic goes up, obviously your medical aid goes up, your pension deduction goes up... “Your tax, everything just, you know, goes up. So, I ended up taking like five grand less, you know”.

A human resource manager at the company related that they had observed that the salary package of a junior manager at the company had a negative influence on African participants who were offered such positions in the speciality unit. The salary package therefore served as a barrier to the recruitment of African nurses for this position:

“Because I, often I have said you are amazing I need you in a management capacity. And they are like no, financially it’s not going to pan out for me. If I am in a RN capacity, I am, I am brushing up on my skills all the time, I am able to do overtime in government, in private and

financially I need to do this for my family” (Human resource official: WC private sector; RN – registered nurse which is synonymous with professional nurse).

Irrespective of the salary package a senior nurse manager at another company in the Western Cape indicated that she had difficulty finding suitable candidates from previously disadvantaged groups, as nurses from these groups did not apply for managerial positions. This was despite the fact that the salary package for a junior manager at this company included a speciality allowance.

“En dit is ongelooflik moeilik. Hulle doen nie aansoek nie. Hulle stel nie belang nie. En ek weet nie hoekom hulle nie belangstel nie”.

Translated response:

“And it is unbelievable difficult. They do not apply. They are not interested. And I do not know why they are not interested”.

A senior nurse manager at a private hospital in Gauteng indicated that she had to advertise a position thrice before she was able to appoint an equity candidate. Furthermore, the candidate was not considered to be perfect for the position:

“When I did the third round of, uhm, recruitment and so forth, I then found a candidate. She was definitely not, uhm, also somebody who was the full package” (Senior nurse manager: GP private sector).

Yet not everyone was willing to develop the candidate who displayed potential. A human resource manager in the Western Cape, private sector, admitted that it was not easy to find suitable African candidates for managerial positions. However, she did find more Coloured candidates for the same positions. Sometimes the person of colour has potential and requires a bit of development. The human resource manager indicated that it was not easy to convince the other members of the selection panel to appoint such a candidate:

“...two white female candidates, and you have maybe one African or, candidates, coloured female. And the person of colour needs a bit of more development maybe, but they’ve got the basic requirements even though we can’t. It’s also, as an HR manager, I feel it’s my responsibility to influence the rest of the interview panel to say that if this person has the skills and the potential and maybe just needs, lacks, lacks a bit of experience or lacks a certain area, but it’s certainly something that we can develop in them, that the other, uhm, candidates that are not of colour have then, should be not given a chance. Uhm, I feel an obligation to do that

because previous disadvantaged people might not have had exposure to everything, uhm, as others had not". "So, uhm, and I know it seems like an obvious thing, but not everyone thinks that way. They just want the best candidate for their department because they want their department to work as best as it possibly can" (Human resource manager: WC private sector).

Another human resource manager experienced the process of finding and developing previously disadvantaged candidates challenging as it required managerial support and commitment:

"Your Exco and your management team needs to have an awareness of diversity and if they want to do it properly, they need to reflect it. Your management team must buy into it. It's hard work. It's extremely hard work to manage it because, and this is what I touched on before, this is not about saying to someone there's a spreadsheet, learn it. You need to find the right candidate and you've got to find the team that's prepared to walk with that candidate" (Human resource manager: GP private sector).

Candidates for nurse manager positions were also required to communicate in English in such a way that patients would be able to understand them. Subsequently, the selection panel would assess whether the candidate was able to understand and communicate with them in English, during an interview:

"you make sure that, uhm, the language it's okay, that they are okay in understanding English a hundred percent" (Human resource manager: WC private sector).

The implementation of the EEA in respect of appointments to management positions appeared to be rather slow. Human resource managers displayed an eagerness to consider those candidates who required development. The human resource managers however realised that that the appointment of such a candidate should be supported and driven by the management of the institution. The issue of proficiency in English surfaced again since nurses needed to communicate with their colleagues and patients.

5.3.4 Candidates

As explained in Chapter 1 promotion criteria in the private sector required at least two years of experience at managerial level. However, a speciality qualification (postgraduate diploma or degree) e.g. theatre or critical-care nursing was a requirement for a nurse management position in a speciality unit. Therefore, a professional nurse with two years' experience could

apply for a senior PN in a general ward and a unit manager with two years' experience could then apply for a middle management position and so on. A post graduate diploma in nursing management was not a requirement for advancement in senior managerial positions. In the public health sector, a speciality qualification was also a requirement for a managerial position in a respective speciality unit. A post graduate qualification in nursing management was not a requirement for junior and middle management but for senior managerial positions.

The following subthemes emerged from the data: unsuccessful candidates and successful candidates (see Table 5.5). A preconceived idea of the researcher relating to this theme was her experience of the reality that the dominant race at an institution, whether public or private sector, considered the promotion and appointment of those of their own race or culture as far as possible.

Table 5.5 Candidates

Theme	Subtheme	Example
Candidates, qualifications, experience and promotion – what works best?	Unsuccessful candidates	<ul style="list-style-type: none"> • Fitted equity • Qualifications and experience not considered/enough
	Successful candidates	<ul style="list-style-type: none"> • Qualifications considered • Succession planning

Unsuccessful candidates: Irrespective of possessing the necessary qualifications and extensive experience in their respective specialities, three participants - one in the public sector and two in the private sector - were not promoted. An African participant in the public sector in the Western Cape had been working at the participating public hospital for more than 15 years. The participant was in possession of postgraduate diplomas in nursing education and management as well as a speciality qualification. At the time of data collection, the participant occupied a junior managerial position. The participant was promoted to the junior managerial position in 2008 although she had obtained her nursing management qualification in 1996 and was employed at the hospital at the time.

She made three unsuccessful applications for promotion to middle management. The participant was not shortlisted when she applied for promotion on the last two occasions:

“I was not shortlisted. Ja. The second one and the third one also I was not shortlisted so, you feel that this ...”

The participant reflected on her experience when she applied for the promotion for the first time:

“When I applied this one, I was serious but I never get a senior post really”. “We are still, we are still being undermined, at this hospital. This hospital is still having apartheid ja. what I am trying, I don’t know. The discrimination is still around, they are just hiding, they are pretending as if.

The participant related that she never received feedback after her first interview:

“No they didn’t come back. They didn’t come back. They didn’t come back to me to give a reason. You know sometimes when, when you apply and then you told your friends some of them they say, go, go, that is why sometimes you differ, you just said ag man, it didn’t work, we just leave it like that. Let sleeping dogs lie”.

The above participant had met the required qualifications and fitted the directives of the EEA but was still not promoted. She did not receive any feedback, nor was she shortlisted when she made other applications.

Another Xhosa nurse with a master’s degree, who had recently applied for promotion, was also unsuccessful. The nurse eventually resigned and went back to the Eastern Cape.

“She did honours, she did masters. She was doing doctorate but she was not yet finished with doctorate, but she never get a post here” (Junior manager - African): WC public sector).

A Coloured female employed in a middle management position in a private hospital in the WC applied twice for a senior nurse manager position at other hospitals of the company. She indicated that she had worked for six years in a middle management position and acted as the senior nurse manager whenever the person who occupied the position was on leave. The hospital where she was employed in the middle management position, was larger than the hospitals where she applied for the senior management position. The participant had two degrees one of which was a speciality qualification. At the time of data collection, she was enrolled in a nursing management programme. According to the participant, on both occasions she passed the competency test and psychometric assessment that were part of the selection and appointment processes. She was, however, told that she did not have a “Wow factor” and failed to impress in the interviews on both occasions. On both occasions, White females were appointed to the senior management positions. The participant and the senior nurse manager at the hospital where she was employed, did not have a good relationship (see Bias, the sub-theme “Relationships/knowledge obscuring objectivity”). The participant found the senior nurse manager, who was part of the interview panel, to be autocratic. The participant grew up

experiencing the effects of the apartheid era but reflected that her being unsuccessful was not a racial issue per se:

“Daar was nog altyd aparte deure wat jy moet ingaan, dis vir nie-blankes en dis vir blankes. So ek het altyd van my kant af seker gemaak dat ek van my kant af nie in die rasse trap val nie kan ek sê. “dat dit nie toepas nie, en dat dit nie vir my so uit staan nie. Dis hoekom ek sê in my bevordering het dit maar net altyd, dis die persoon wat dit gekry het, obviously het sy beter skills of inligting of dit waarvoor hulle gesoek het was meer prominent in haar en dis hoekom hulle dit in so ’n aspek. So ek het nooit as “n rasse iets so eintlik daarna gekyk nie, so dit was nooit vir my ’n kwessie om te kyk na die persoon het die pos gekry omdat sy wit is nie. Ek het, daardie gedagte het nie eens by my...gekruis nie” Miskien is ek blind, wat dink jy? I’m blinded to that?”

Translated response:

“There were always different doors that one had to enter, this is for non-Whites, this is for Whites. So, I have always made sure that from my side, that I do not follow the race trap, I say. That I do not practice it, that I do not make it an issue. That is why I say, in my progress it had always been, this person who got the it, obviously, she has better skills or information or that that they were looking for was more prominent in her and that is why they have it in that aspect. So, I have never viewed it as racial”. “So, it was never an issue to view the appointment of the person to her being White. I did, the thought did not even ... cross me”. Maybe I am blind, what do you think?”

In addition, according to the participant, the hospital adhered to company policy when it came to who was appointed. To this candidate, the process was sound and the best candidate was appointed. She also related that positive action had been taken to enhance diversity - such as the appointment of people of colour to key positions. Since the appointments were made in 2016 it was deduced that these positive steps were way overdue:

“Maar van wat ek ook verstaan, die beste persoon probeer ons aanstel alhoewel ons groot druk het van die company om equity kandidate aan te stel. So, in die laaste jaar is die HR manager “n kleurling vrou, die pharmacy manager is “n Indiese dame, wie is daar nog?”

Translated response:

“As I understand it, we try to appoint the best person irrespective of the pressure to appoint equity candidates. So, during the last year, the HR manager is a Coloured female, the pharmacy manager is an Indian lady, and who else is there?”

Furthermore, the participant blamed herself for not being successful and pronounced that perhaps her upbringing, which taught her to be subdued and obedient, might be to blame:

“Grew up with a subdued family, you can’t... you’re not allowed to have your own opinion. If the mother says this, this is what’s happening ...”

Although the participant expressed self-blame, she came across as dignified and smart, displaying a quiet strength, not fiddling with her hands but conversing in a graceful tone; and not at all depressed. The participant worked at a large hospital belonging to the company. Generally, people moved ahead at smaller hospitals, were then promoted to senior nurse management positions there, and later promoted to the larger hospital. As the participant had occupied a middle management position at a larger hospital, the researcher assumed that she was capable of managing a smaller hospital. For the researcher, it was difficult to understand that, irrespective of the participant’s qualifications and experience, her quiet strength and the need for private hospitals in the province to promote the female of colour, she was not promoted because she did not have the “wow” factor.

The third participant was a White candidate who had worked at a private company for several years. The participant completed her basic training at the hospital and was soon promoted to a junior management position. She then resigned and was re-appointed after a while as a senior professional nurse (the lowest junior management position). She then completed a speciality course in paediatric nursing care and acted as the unit manager of the paediatric ward for 23 months when she was informed that a female of colour was appointed as the unit manager. The position was never advertised. The female of colour was not in possession of a postgraduate qualification in paediatric nursing care but was in possession of other postgraduate qualifications:

“Sy het nie pediatrie gehad nie, maar sy het wel kwalifikasies gehad wat, wat ek nou seker nie het nie. dit was baie erg. Dit was vir my, die grootste wat vir my baie, die grootste trauma in my lewe hier in my lewe, dink ek dit was dit, was dit gewees”.

Translated response:

“She did not have paediatrics, but she had qualifications; that I apparently don’t have. That was huge. That was for me, huge, the biggest, the biggest trauma in my life here, in my life, I think it was, was that”.

According to the participant the position became vacant twice afterwards as the nurses who were appointed resigned after a rather short period. Those who were successful were females

of colour who possessed postgraduate qualifications in nursing management and not the required speciality qualification.

“Ons het ook nie management nie, maar sy het dit gehad. Sy het ook nie paeds nie, maar sy het admin en management gehad. So hulle focus nou blykbaar, as ek dit reg verstaan, baie meer op dit, as jy in ‘n management pos gaan wees”.

Translated response:

“we do not have management, but she had it. She does not have paeds, but she has admin and management. So they now apparently focus, if I understand it right, much more on it, if you are to be in a management position”.

Seeing that a speciality qualification (postgraduate qualification in paediatric nursing care) was a requirement for a junior manager's position in a paediatric ward and not so much a postgraduate diploma in nursing management, the decision-making as to who the ideal candidate was in this case, was difficult for the researcher to understand. According to the feedback that the participant received she had failed to promote herself enough during the interview. Since the participant was an internal candidate, one would have assumed that irrespective of the EEA, every potential candidate, specifically internal candidates would be advised about their shortcomings and coached in terms of what to expect in an interview.

Successful candidates: Successful candidates who experienced managerial support seemed to have progressed much quicker to junior managerial level. In addition, participants who commenced their careers at smaller hospitals, in a more rural setting, had made good progress and were appointed to junior managerial positions in their mid-thirties. Two females of colour who commenced their careers at a specific company related that they had continuous individual support to further their careers. An African female in Gauteng employed in a junior management position at the particular company reflected that her career had a rather smooth trajectory and she described personalised support being afforded to her as a newly employed nurse at the company. The participant completed her undergraduate training in 2003 and was recruited in 2005 while working over-time in the critical care unit of the participating private hospital. Once employed, the participant was soon encouraged to enrol for the postgraduate diploma in critical care nursing:

“I was like two months in ICU, and then everybody encouraged me, “I think you’ve got a potential, you’ve got a potential.” They gave me, they supported me, gave me materials to read, and all those things, because I had to write a test to qualify and to do that. I did that, it wasn’t easy. It wasn’t easy. I think I wrote 5 letters that I [inaudible] “I can’t take it, I’m not

coping, I want to quit. But my youth manager was very, very supportive. She'd throw the letters in the bin"

The participant completed the critical care course but resigned two years after completing the course due to salary issues. After being employed for two years at a public hospital she returned to the company. According to her, the salary at the public hospital was better but the working conditions poor. Within three years of her return she was asked to take up a junior managerial position as they could not find a suitable candidate. She related that she was happy in her current position although her salary was still a problem:

"I just told myself, "You know what? Sometimes just take things that no amount of money can buy. It is a learning curve for me. Also, you know, learning a few things about myself, my strengths, my weaknesses, and everything. And if after I reach a time where I think I'm ready to conquer the world, I'm still not happy, I will definitely leave here." But in terms of support from colleagues and management, I don't have issues, honestly. I'm working well".

A Coloured female, originally from the WC, commenced her career as a nursing student in the private sector in Gauteng. Within two years of completing her basic training she was encouraged to apply for a junior managerial position (unit manager) in a general ward. She applied and her application was successful. She enjoyed her position and experienced her work environment as supportive:

"Ek het lekker gewerk en die dokters was gaaf".

Translated response:

"I enjoyed my work and the doctors were great".

The participant wished to return to the Cape Metropole area but was unsuccessful when she requested a transfer to a junior managerial position in the WC. Her applications to other companies were also unsuccessful. She resigned and on her return to the WC worked via an agency. While working at various hospitals on a freelance basis she realised that most unit managers employed at these hospitals were White females and therefore assumed that her lack of success in obtaining a transfer to the WC was as a result of her being a female of colour.

"Dis rassisme, ek het hulle besoek, almal is Wit; dis rassisme".

Translated response:

"It is racism, I visited them, and everyone is White; it is racism".

The participant was eventually employed at a hospital belonging to the same company that had employed her in Gauteng. After two years she was again appointed to a junior managerial position at one of the company's hospitals. The comments of the participant regarding her not being able to obtain a transfer or not being appointed in a junior managerial position at a hospital at any of the private companies, was different to what the senior nurse managers and human resource officials in the WC related. According to the latter, it was difficult to find females of colour who were willing to take up managerial positions:

"You can't always have what we want right now. We've got to look and develop. You know, we're not always going to be able to get an EE candidate, you know. We have two-unit managers we're placing now. Neither are because we have no applications from, we only had applications from white, just white applicants" (Human resource official: WC private sector).

The following comment of a human resource official in the private sector in the WC suggests that some managers might have resisted the employment of African candidates:

"You know it's hard to find the good candidates, good managerial candidates with good skills. Uhm, but another position, uhm, I was unable to persuade the manager that she may be needed to look at the EE candidate which the EE candidate wasn't as experienced as a candidate that she chose, but she could possibly have been developed. Uhm, so it doesn't always work and she had the final say. Uhm, I think if I had escalated it and taken it to, uhm, the HR manager, we probably would have pushed her into that, but then it might be upsetting the dynamics" (EE: abbreviation of employment equity).

The comment does not point to language or the ability to speak Afrikaans but possibly reflects avoidance or marginalisation in the employment equity candidates.

African candidates who commenced their careers at rural public hospitals in Gauteng and completed programmes such as a postgraduate nursing degree, speciality qualifications such as critical care nursing or advanced midwifery, project management, infection prevention and control and financial management seemed to have made good progress and were promoted in the public sector. One specific participant at the participating public hospital commenced her career in 1990 at this hospital. By the year 2008 the one candidate was appointed in a middle management position and promoted to senior management in 2017. The participant had a range of postgraduate qualifications e.g. a postgraduate degree, diplomas in critical care nursing and occupational health and wellness. The participant remained at one public

hospital throughout her career. Promotion into senior management happened after twenty-five years:

“I started doing BaCur with UNISA, did education, did management, did occupational health and safety with UNISA. And then after that, in 1990 I completed with UNISA in 1999. 2000 I did diploma in critical care nursing. And then, I think it's 2004? I now did diploma in occupational health and safety” (Successful candidate, African: GP public sector).

A successful candidate (African) who was appointed in a junior managerial position at one of the participating private hospital had a similar career path in the public sector; but her promotion was achieved at a faster pace. During the period 2004 to 2013 the participant completed a postgraduate degree; a speciality qualification i.e. advanced midwifery, financial management, nursing management and project management. In 2013 the participant was appointed to a middle management position at a rural public-sector hospital. Promotion into middle management happened after 10 years in the public sector. However, the candidate resigned from the public sector due to financial reasons as she was in need of her pension pay-out.

Another successful candidate was White. The candidate possessed an undergraduate (obtained in the late eighties) and post graduate degree (1994) and a speciality qualification (1989). With less than one-year of experience in private health care, the participant was promoted to the position of a senior nurse manager (1998) at a small private hospital in a rural town.

It therefore seemed as if females of colour who commenced their careers in the eighties and nineties, took longer to reach career heights compared to White females during the same period. However, the African female who commenced her nursing career after 2000 enjoyed more support and a positive work environment - being promoted at an early stage in her career.

On the other hand, the presence of subtle racism could not be disregarded if one considers the careers of the unsuccessful candidates such as the African candidate who was denied promotion and not given feedback, the Coloured female who occupied a middle management position and was denied promotion for not having a “Wow” factor and the successful candidate who was not allowed a transfer into a unit manager’s position.

5.3.5 Racial discrimination

At the time of data collection in 2016 females of colour occupied senior nurse management positions at the participating hospitals in Gauteng. In the WC White females occupied senior nurse management positions at the participating private hospitals while a person of colour was the senior nurse manager at the participating public-sector hospital.

The findings demonstrate inadequate balance in terms of race, and although many factors may play a role (e.g. the demographic profile of a province), racial discrimination in both provinces and sectors (see Table 5.6) may be a factor. The experiences of participants underline such discriminatory experiences of in Gauteng, private and public sectors. The experiences of participants in the WC that relate to racial discrimination are contained in the themes “Bias” and “Candidates” and are therefore not discussed in the theme “Racial discrimination”.

Table 5.6 Racial discrimination

Theme	Subtheme	Example
Racial discrimination – alive and well, unfortunately...	Towards a senior nurse manager (African)	<ul style="list-style-type: none"> • Displayed by doctors • Displayed by patients • Appointing Africans in managerial positions • Exposed by White nursing management • Culture of hospital
	Towards the African human resource manager	<ul style="list-style-type: none"> • Increased motivation for the appointment of an African manager • Doctor's board
	Towards the African academic	<ul style="list-style-type: none"> • Fellow academic • Research support
	Tribalism	<ul style="list-style-type: none"> • Appointment according to ethnic group

Towards a senior nurse manager (African): One participating hospital in Gauteng situated in a traditional White Afrikaner town had predominantly Afrikaans-speaking doctors and patients. The senior nurse manager was the first African female who occupied this position at the hospital. Her appointment was accompanied by resistance from White doctors:

“... the hospital manager said “Ja, they were very resistant when you came, I didn’t want to tell you, but there was a lot of resistance”.

Resistance reached a high when doctors signed a petition against her appointment to the position and requested that she be removed for the reason that, according to them, the standard of nursing had deteriorated since then. She then had to produce statistics regarding the patient output and positive feedback that was received since her tenure had begun. She had to actually defend her appointment:

in ... (month omitted), in this hospital, the doctors wrote a petition to head office. I didn't mention it, I thought I'm not going to mention it. But now I'm mentioning it. They wrote a petition and say "Nursing care at this hospital, that fokken vir dinges" (translated: fucking deteriorated). "They wrote a petition. I had to bring stats, I had to bring proof, I had to print documents, I had to print emails, I had to write a strategy".

Resistance to African nurses also surfaced from patients. The senior nurse manager experienced that African nursing staff was not accepted by White Afrikaner patients. The following incident happened on the same day that the researcher interviewed the senior nurse manager:

"I can give you lots, I can write a book for you. On [Date, time omitted] or somewhere there...". "One of the family members is making a big "Oh en skree, sy gaan tekere" (translated: Oh and shouting, she is making a scene) he says that she doesn't want a swart vrou (translated: Black women) to look after her mother. I said, "Okay, I don't want to come there". And then they were down the phone...I said no, no, no, the woman insisted, she wants to see the matron. And then I said "Let me go and show my face", because sy gaan van haar stoel afval (translated: she is going to fall from her chair). The matron is also... an African..."

The role of an African nurse manager in a traditionally White Afrikaner environment therefore seems to be challenging as it is charged with distinct elements of racial bias. These incidents seem to influence decision-making about appointing people of colour at certain hospitals. A senior nurse manager (Coloured) explained that sometimes a conscious decision was made not to appoint an African managerial figure at certain hospitals due to the possibility that racial discrimination might surface. She reflected on a time when an African hospital manager who was appointed at a certain hospital was treated with disdain by White Afrikaner doctors:

"... people are lost in translation, in their own country, you know, as Afrikaners, uhm, it's amazing; they will sit in a meeting, you have to – this man, the hospital manager would have to remind them to speak English, uhm, they ignore him, uhm, you know. The comments they will make outside of the meeting about him, derogatory. Uhm, they wouldn't say anything very racist but derogatory, so anything, you know? Uhm, that's bad." "... The regional manager said, "No, I'm not taking an A.C.I. (abbreviation for African, Coloured and Indian) candidate, it will be a white person that runs that hospital because I'm not having problems."

A senior nurse manager (African) employed at a private hospital situated in Gauteng, with a more diverse group of doctors, related that she was well accepted by the doctors, yet the culture of the hospital served as a barrier to promotion. After being shortlisted for a senior nurse manager position the regional human resource manager and regional nursing service manager, both White people, requested that she withdraw her application, arguing that it was not the right time for her to occupy such a position:

“I had an experience where I went for a, nursing manager interview. I was actually the best candidate there, I was still going to actually get the position at the Doctor’s hospital committee meeting because I actually was the preferred candidate by the Doctors”. “And the hospital knew that, and they actually approached me and came and told me to withdraw. Because they preferred, my White counterpart was a male who did not even have ...the qualifications that I had”. “One of the senior people in the company, have the regional HR manager, he summoned me to, into a, to a meeting. And they actually told me that they don’t think it was the right decision for me”. “And nobody actually, I am only talking to you about it, but no I haven’t spoken to anybody about it before”.

The situation described here reflects a paternalistic stance from management. The participant was saddened and hurt by the request of management so much so that she withdrew her application and reflected on the ongoing skepticism about the competencies of African people:

“You want to undermine somebody but you haven’t actually given them the opportunity to show what they are capable”. “So, it has been a road that was marked with uhm skepticism and pain actually”.

Towards the African human resource manager: An African human resource manager employed at the participating private hospital in Gauteng, that is situated in the predominantly Afrikaans-speaking area, explained that appointing a female of colour was not easy. As doctors served as customers and admitted their patients their views were considered when a nurse-appointment was made. Subsequently, once the selection process was concluded, the profile of the candidate was presented to the doctors. Upon presenting a female of colour the human resource official had to persuasively promote the excellence of the candidate. However, when a White candidate was presented, the same doctors would not have any questions:

“Even though you have presented your case in terms of the experience, qualification, still you get interrogated and do you understand”? “And I feel it’s very unfair because if it’s a white

candidate I don't have to do that. I just present to say that this is her qualification, this is her experience".

The findings suggest that an African nurse might have a rather difficult road in some healthcare institutions.

Towards the African academic: The experiences of an African nurse academic who participated in the study as part of the leadership group related experiences of discrimination due to her being female and African. She reflected on the skepticism displayed toward her by a White male academic when she had applied for the position as head of the nursing school at the university where she was employed. After her retirement, while working as an emeritus professor the discriminatory behavior from the same doctor surfaced again:

"There was a Doctor and I did hear that, he asked me one question but I did hear that his comments that he made that I still have a lot to learn. "I am retired now but I am still in the honorary position. And I when I renewed my honorary position, that same Doctor that is coaching classes in, in the policy, was saying that I must not be paid for, I must only get money from the research output and I must not be paid, you know, so he, he had to pinpoint something".

The participant experienced further discrimination from her immediate head pertaining to support to attain reasonable research outputs. The participant experienced that White nurse academics would receive ample support to write research articles. This seemed to be a subtle strategy to ensure that they were prepared should there be opportunities for promotion.

"Yes, the research output is important but the support you found that the support was not directed to you as a, as a black ..." "... but if you then support, you can see the academic staff, the white academic staff would get more support". "Yes it was easy to promote them because they would get support in terms of research output". "It was quite subtle but it was there. It was more supporting before the promotion comes. Making sure this person gets you know".

The experiences of the participant suggested measures that ensured that those in power promoted nurses who belonged to their own race and cultural group. This was a form of prejudice with a possible undertone of racial discrimination.

Tribalism: Tribalism relates to discrimination in favour of one's own ethnic group. Two nurse academics, from the leadership group, experienced that when they were part of a selection

team for the appointment of a person in a managerial position, certain dynamics surfaced pertaining to the appointment of a specific tribal group:

“It was sometime in the hospital where, when one was still a professional nurse. Although ...the Xhosas were given more preference than the Zulu’s; tribalism and I am sure you have observed it in politics for instance”.

It was pointed out that the appointment of one from the same tribal group was not restricted to the hospital environment. An African nurse academic from the leadership group who used to assist at the South African Nursing Council confirmed that tribalism also surfaced at the Council:

“I, I know, I have noticed when we do interviews at council ...there is someone who keeps checking and making sure that it’s not someone from KZN” (KZN: abbreviation for Kwa-Zulu Natal that is traditionally the province of the Zulu ethnic group).

Another nurse academic (a participant in the leadership group) who served on hospital boards in the public health sector, confirmed the existence of dynamics that pointed to the partiality of some who wished to appoint members of their own culture or creed.

“Wat, as jy nou hierso sit met ‘n Zoeloe en ‘n Xhosa en, wel heeltemal op die einde, gaan dit oor gaan ons “n Zoeloe aanstel, dan besef “n mens eers later, wat was die dinamika. So, jy weet, dat daar nie noodwendig saamgestem was oor die kandidaat nie, en hoe dit dan uitspeel”.

Translated response:

“When you are now sitting here with a Zulu and a Xhosa, and well totally to the end, it is about that we are going to appoint a Zulu, then one only realizes later, what the dynamics were”. So, you know, that they did not really consented on who the candidate would be, and how it will happen”.

The findings confirm the distinct presence of advancing the interests of your own. Furthermore, the study findings reveal the existence of male dominancy and patriarchy. It was established that the influence of the male doctor complicated matters in the work environment of the African nurse manager White male medical doctors, had a tendency to take a softer stance towards the White females and revealed a rather harsher stance towards the African female confirming the intersection of race and gender.

The findings further display overt racial discrimination and scepticism towards African females more than two decades into democracy in two provinces of South Africa. As the discriminatory behaviour occurred in a predominantly Afrikaner or Afrikaans-speaking community, it could reflect the possibility of institutional racism and that the sudden presence of an African nurse manager had yet to be accepted. In addition, considering the experiences of the nurse leaders and tribalism, where senior nurses appointed their own, there is the notion that the country has a long way to go in terms of appreciating the person and not the cultural ideology or race.

5.3.6 Class

As explained in chapter 2 of the thesis class has different components and exhibits in different forms. Class can surface as hierarchical issues (manager versus follower), race as a social construct where the one race is viewed as superior to the other (African as inferior and White as superior; which was addressed under bias), male versus female (male being viewed as superior to women) and rich versus poor with poor being inferior and rich being viewed as superior and having influence. Moreover, race intersected with gender and therefore African and Coloured women were often viewed as inferior to their White counterparts. These interpretations were therefore reflected upon during the analysis of experiences that pertained to class.

The preconceived ideas of the researcher in relation to class: Class plays a role in who gets appointed.

Table 5.7 Class

Theme	Subtheme	Example
Class – casting the dice?	Being in-charge	<ul style="list-style-type: none"> • Autocratic behaviour • Scaring followers
	Being professional	<ul style="list-style-type: none"> • Socio-economic realities not on the forefront • Nor rich nor poor • To be presentable
	Class is more important than we think	<ul style="list-style-type: none"> • Management to inform candidates about the influence of class • Impressions count
	The instrument of class: Refined communication	<ul style="list-style-type: none"> • Eloquently speaking • Not to be loud
	It counts where you come from	<ul style="list-style-type: none"> • Exposure and experience
	Money talks loudly	<ul style="list-style-type: none"> • Bread and butter issues

Being in-charge: Some senior nurse managers were inclined to exert power over the nurses; displaying aloofness while others had a tendency to behave autocratically, thereby limiting the autonomy of the nurses. The aloofness has been deliberated upon under the theme “bias: relationships obscuring objectivity”.

An unsuccessful candidate (Coloured participant occupying a middle management position in the private sector) explained how a senior nurse manager (White) would not allow her to practice her own leadership style and how the autocratic mannerism of the senior nurse manager made her suppress her own leadership instincts:

“She will dictate what you must focus on and not focus on. Any type of idea that you have will be sort of, squashed and it’s not important at that moment” and: “instead of me having my own leadership style, how I would like to lead, how I would like to do things”. “...I’m having a voice. I’m not scared to actually voice my opinion. I a meeting if I don’t agree with her, which she really, really hates, if I don’t agree with her”.

Apart from the autocratic managerial style, a Coloured human resource official in the WC, private sector related her experiences of White managers who were loud and terrifying:

“...managers, maybe not with the bad way of speaking but with a loud way of speaking. Sometimes people can come across very loudly and they can almost be misinterpreted as shouting, you know. And that is not nice. And that can actually scare, you won’t believe how many people, uhm, managers like that, they are actually perceived as scary, they scare people. They scare you”.

The element of being scary together with the autocratic behaviour displayed by a leader could consequently aggravate the divide between manager and follower. The behaviour and actions reflected elements of class and oppression since people who were afraid could suffer as they might not have the courage to confront their superiors.

Being professional: Various participants explained that class, such as the socio-economic background of the candidate, did not influence who was promoted and that competencies and experience were considered.

“It doesn’t just ask if you are rich or you are poor”, and: “No-no. No, it is all about the fact that you are, you must come with skills, competencies and you must be able to do the job, meet our requirements” (Nurse occupying a middle management position: GP public sector).

A human resource official in the private sector in the WC confirmed this view:

“...ability to do your job is probably more likely than if you come from an impoverished or a poor or for a lack of better description, lower-class background”.

Irrespective of class, several participants were in agreement about the importance of a neat professional appearance. As the focus was on obtaining a managerial position it was considered important that the dress code for the interview be acceptable:

“...you should be together and by together, I mean, you should look presentable, you should dress neatly, not expensive, but you should be neat” (Human resource official: GP public sector).

“...in terms of how a professional looks and behaves and, and, and especially the management position” and “because now I’ve got an image, because I need to, people judge a book by its cover, bottom line” (Human resource manager: GP private sector).

Class is more important than we think: Several participants, i.e. senior nurse managers and human resource officials experienced that class played a role in who was appointed. Furthermore, their view was that if a candidate lacked refinement and education, this could hinder promotion:

“...this person has to make an impression” and “which is difficult because a lot of us from previously disadvantaged groups if you are from a low class, that means also your education is low class and then, communication is a problem”. “You are always following behind, so you, it also has effects on leadership skills” (Senior nurse manager, African): GP private sector).

“I think people with dignity, for me you know it’s something that has dignity and if they have got dignity uhm that represents class for me” (Senior nurse manager, White): WC private sector).

A human resource official in the private sector in Gauteng further confirmed the role of class in the promotional process and the reported on the lack thereof:

“...there have been instances where people may not have received or gotten opportunities they could have”.

This human resource official was of the opinion that the candidate should be made aware of specific shortcomings and should be guided in terms of personal appearance:

“Listen, you are, you’re sparky. We need to work on your branding. You have so much to offer, but the reality is that now you’re in Rome, you need to play the game, ... take her aside and

say to her, you know what, these are the areas you need to work on and we're happy to walk that road with you if you're prepared to listen".

The instrument of class-refined communication: For senior nurse managers and human resource officials, class seemed to relate to communications skills. Therefore, candidates with sound communication skills seemed to have an advantage:

"...if you are from a low class, that means also your education is low class and then, communication is a problem" (Senior nurse manager: GP private sector).

"... the since the candidate is in a leadership role, eloquence with regards to communication is important. And because in a leadership position the person is required to laisse with different types (Senior nurse manager: WC private sector).

However, for a position in a predominantly Afrikaans hospital or region, it was advantageous if the candidate was able to speak Afrikaans:

"I know that it happens in some of our regions, is that, uhm, your background counts, uhm, in terms of whether you speak Afrikaans as a first language or not. English is the language of business" (Human resource official: GP private sector).

The idea was also to appoint managers who had confident and quiet speaking manners, those who were not noisy, as loud noisy people were considered to lack experience and class:

"We've got a Case Manager that side, she is ACI, she's very competent, but she talks very loud. And it pisses the Hospital Manager, it, it, he cannot handle it" (Senior nurse manager: GP private sector).

"They will say she comes from a rowdy house that is undisciplined whereas if she was quiet, not too quiet but subtle you know then it links you to a classier family who have values and morals. The minute you become loud, you are linked to a family or class that is so low class. Look how loud she is" (Human resource manager: GP private sector).

It counts where you come from: Having a rural or township background seemingly limited exposure and therefore opportunity for promotion:

“...being from rural to start with, it starts there being from rural, you are less, there is less exposure”. “...being from a township especially now that people are moving to stay in the city”
(Nurse leader, African, from the leadership group).

Another nurse leader (male, from the leadership group) explained that an elite background was advantageous as it ensured that the candidate had the necessary education to enter the job market and be promotable:

“Your class will influence whether you get the necessary education to be able to participate in certain economic and work opportunities”.

Money talks loudly: Poor candidates who applied for certain jobs such as cleaners, were considered favourably by the selection panel that took into account the need to help the person by giving them employment:

“He’s just from this filthy family who’ll just speak English like he’s in nowhere. And then here is someone who you can see that he really needs that post. He’s going to value it. When those people are weighed, we will go for this one because it’s more of putting the bread on the table”
(Human resource manager: GP public sector).

In summary: class surfaced in the relationships between managers and their subordinates; White female in opposition to female of colour; patriarchy represented by those with more power who were inclined to deny subordinates a voice; and the White junior managers who revealed bossy behaviour in the form of extremely loud voices that scared followers. Furthermore, for some participants, acceptable class represented being neat, presentable and professional. Others reflected that class went hand-in-hand with good communication skills, a need to impress and an awareness of how you were perceived by people who would appoint you. Nonetheless, the loudness of the White female was seemingly viewed as representing power while the loudness of the female of colour was viewed as a lack of class. In addition, an elite or perhaps superior upbringing seemed to be advantageous when it came to being educated or when entering the job market. The notion of altruism surfaced among those who had the power to appoint, when they made concerted endeavours to uplift lower categories of candidates, who were obviously poor.

5.3.7 Gender

Part of the findings that relate to gender have been discussed in the other themes, such as patriarchy (see theme: racial discrimination) and bias towards male nurses (see theme: Bias).

The current theme concerns male dominance, African culture and the promotion of males to accommodate the EEA (see Table 5.8).

Pre-conceived ideas: In academia the researcher had experienced a tendency among some males, not all, to shift their workload to female colleagues. The researcher observed that male nurses in the clinical field were competent and completed their work timeously and to the best of their abilities. In addition, it was found that male doctors displayed more respect toward male nurses than female nurses. With regard to hetero-negativity, the researcher once encountered a situation where some gay managers went to extreme lengths to promote other gay people, specifically if the person who was to be appointed, was their partner.

Table 5.8 Gender

Theme	Subtheme	Example
Gender– complexities in a predominantly female profession?	Where culture dictates	<ul style="list-style-type: none"> • Males to dominate
	EEA – a preference for males	<ul style="list-style-type: none"> • Promotion of males
	Males advantaging other males	<ul style="list-style-type: none"> • Hetero-negativity: Appointment of a gay male who apparently did not qualify in terms of experience; thus, perceived discrimination against the female nurse who was said to qualify for the position

Where culture dictates: A senior nurse manager working in the public sector in Gauteng perceived a tendency among African males to shift their workloads to women. She stated that she was part of senior management, and experienced that the chief executive officer, human resource and financial manager who were all males, had a tendency to dominate her; expecting her to obey them and then ascribed their expectations to their culture:

“Hulle is gewoond die vrouens, die vrouens luister vir hulle want dit is hulle kultuur en hulle gaan vir jou graag vertel van hulle kultuur. ...alles word op jou afgeskuif en hulle aanvaar jy moet dit aanvaar, goeters wat hulle moet doen wat hulle op jou wil afskuif en dit is wanneer jy moet sterk wees en sê ek gaan dit nie doen nie want dit is nie my werk nie dit is dit is wat sterk deur kom en hulle verwag so half dat jy moet half nou soos `n onderdanig wees”.

Translated response:

“They are used that women, the women listen to them as, as it is their culture and they are going to tell you about their culture. ...Everything are shifted to you and they assume that you will accept it, things that they are to do are shifted to you and that is when you have to be strong and say I will not do it, it is not my work, it comes through strongly and they expect in a way that you would be submissive”.

EEA – a preference for males: Those had who participated as part of a selection panel at the participating public hospital in the WC, experienced that human resource officials were

prone to advance the promotion of male candidates irrespective of the performance of the latter in the interview:

“... And the male didn’t pass but when we told the panel that his one passed, the HR said no. We need to take a male” (Nurse occupying a middle management position: WP public sector). The human resource officer in this case was a male.

The element of intimidation in the appointment of male candidates, irrespective of their performance in the interviews, and they’re not having obtained a minimum of 50%, also surfaced in the responses to the open-ended questions of participants at the same institution (see Chapter 4).

Males advantaging other males: This subtheme concerns the experiences of a female participant when she applied for a middle management position. The participant qualified for the position in terms of qualifications and experience. She was in possession of postgraduate qualifications in management, had a speciality qualification and had extensive experience at managerial level. Her contender, a gay male had similar qualifications but no managerial experience. Irrespective of these conditions, the male was ultimately appointed. Before the selection interviews began, it was common knowledge in the hospital that the male nurse was the preferred candidate:

“Die ... [exact day omitted] more is die pos in die koerant. Maar die ... [day before this day] kom ek af waar die een senior Suster, die een bestuurder sê wie se pos dit is, dis Mr X se pos, dit loop al in die hele hospitaal rond dat dit is Mr X se pos”.

Translated response:

“The position was in the [exact day omitted] paper the morning. But [day before this day] came across one senior Sister, the one manager saying that this position, this position belongs to Mr. X. The story is going around in the whole hospital”.

As the male candidate did not have the required minimum number of years of experience on a managerial level, he did not qualify for promotion and admitted that he did not qualify, but had been encouraged by a male in a middle management position to apply for the position:

“Het twee eenheidsbestuurders vir my, wat ek nie eens eintlik mee gesels nie, vir my gesê, “...as die ding uitkom, dis nie Mnr. X nie, want Mnr. X het gesê hy het nie die criteria nie, toe sê hy vir Mnr. X, jy gee jou goed in, jy bring jou goed, want ek het mos vir jou gesê ek gaan vir

jou “n way maak...hy het nog nooit “n saal bestuur nie nê? So, in elk geval ja, en dit is al wat ek in my grief geskryf het, dat die man het nie die voorgeskrewe criteria wat die OSD (Occupation Specific Dispensation) verwag”.

Translated response:

“Two-unit managers had told me, that do not usually speak to me, if this thing comes out, it is not Mr. X, Mr. X acknowledged that he does not meet the criteria, he then told Mr. X, you submit your stuff, you bring your stuff, because I told you I will make a way for you” ...” He had never managed a ward, yes? So any way, yes, I had written in my complaint, that this man does not possess the prescribed criteria as required by the OSD” (Occupation Specific Dispensation).

The researcher was informed that while the applications were being processed, the male applicant was requested to act in the advertised position:

“... In die tyd in, word daardie man tydelik ook nou op nag gesit, wat ook mos nou vir hom “n voordeel gaan gee”.

Translated response:

“... during that time, this man was temporary placed on night duty, that in addition, will give him an advantage”

The comments of her immediate supervisor and the male who was ultimately appointed, suggested that the promotion of the male candidate was orchestrated by the male who occupied a middle management position at the hospital.

“En om die waarheid te sê my hoof het vir my gesê dat die een wat vir daardie Meneer die pos belowe het, hy was toe die chairperson by die panel”.

Translated response:

“And to tell the truth, my supervisor told me that the one who promised that mister the post was then the chairperson of the panel”.

The vacant position fell under the jurisdiction of a female manager and not the male manager who usually chaired the selection panel, suggesting efforts to manipulate the appointment of the male candidate:

“Aan die ander kant moes die manlike deputy ook nie daardie meeting gehou het nie, want op daardie stadium, die pos, die nagpos, val onder vroulike deputy”.

Translated response:

"... on the other hand, the male deputy should not have held that meeting, as the position, the night position, falls under the female deputy".

The experiences shared by the participant suggest distinct efforts to enhance the appointment of the male; reflecting the abuse of power within a system that is considered unreliable.

There were elements in the interview reflecting suspicion that the male who seemingly wished to enhance the career of the male candidate - presumed to be gay -, was also gay, albeit, not openly:

"Hy is nou daardie mans wat mans aanhang. Ek het hom nou nog nooit self, maar hulle is van daardie vriende, dis so almal. "... maar daar het op 'n tyd 'n storie geloop dat Meneer by 'n man ingetrek het, maar ek weet nie hoeveel waarheid daarin is nie want Meneer is baie bevriend. Kyk by elke partytjie is hy met die groepie wat so mans wat mans aanhang".

Translated response:

"He is one of those men who admires other men. Me myself he I had never, they are of those friends that are all..." "... but once there was a story that mister did move in with a man, I do not know how much truth is in it, but mister has many friends. Look at each party he is with the group of men that so admires other men".

The participant declared a dispute since the successful candidate did not qualify in terms of experience. Her efforts to challenge decision-making in this regard were met with resistance from male human resource officials as well as other male managerial figures at hospital level. However, the matter was resolved after about a year and the participant was rightfully appointed to the position.

"En dit toe nou mooi 'n jaar en ek kry die antwoord dat ek is nou suksesvol".

Translated response:

"And that is just after a year and I got the answer I am now successful".

The experiences as described by the participant demonstrate a promotion system that seems to be questionable and one that was open to manipulation. Discrimination, exploitation and demonstrated preferential treatment of those who belonged to a particular group, in this case, a gay male, who was manipulating males in power.

Furthermore, the traditional role of the male as the head of a household or having power over the female, seemed to surface in the work environment. The power of the human resource official to advance the appointment of a male irrespective of his rather weak performance in the interview, was disturbing as it could ultimately influence the quality of patient care. One would expect that the chairperson, who was the nurse leader, had more power to influence decision-making due to her clinical knowledge. What is significant is that all the experiences described in this section occurred in the public sector.

5.3.8 Bias

Biased behaviour and attitudes surfaced in both provinces and both sectors, that is, in the Western Cape and Gauteng as well as in the public and private health sector. The theme has five subthemes (see Table 5.9).

Pre-conceived ideas of the participant: bias is a reality and those in managerial positions will not necessary admit same easily.

Table 5.9 Bias

Theme	Subtheme	Example
Bias– comfort with kind?	Race-based bias	<ul style="list-style-type: none"> • White male towards African female • White female towards African female
	Relationships/knowledge obscuring objectivity	<ul style="list-style-type: none"> • Impaired relationships between leader and follower • African manager towards African staff
	Appointing own kind	<ul style="list-style-type: none"> • Appointing foreigners • Identifying with own kind
	Interview of unsuccessful candidate	<ul style="list-style-type: none"> • Preferred candidate • Superficial interview for unsuccessful candidate
	Managing bias	<ul style="list-style-type: none"> • Selection of diverse panel • structured interview guide

Race-based bias: The senior nurse manager (African) at the one hospital had a White manager in the middle management position. The African manager reported that she received almost no respect from her White manager, suggesting the possibility of bias based on race. The White manager would not approach her directly for additional leave but work through a White secretary who was not employed as the secretary of the senior nurse manager.

“She’s not even our secretary, our secretary is on sick leave. To say, “Go ask her if I can call her?” She knows I am alone. She has left me for almost two weeks alone, with no secretary”. “She knows the challenges because, not having a secretary, she forwarded her phones to me, without notifying me. When her phone rings it comes here, so I am also switchboard” (Senior nurse manager, African: GP private sector).

The senior nurse manager (African) reflected on incidents where the White sub-ordinate would indicate her approval by nodding her head during a selection interview of a White candidate but displayed annoyance toward an African candidate:

"She was agreeing with the answers the non-ACI candidate was giving, she was like, "Ja, ja" you know? Without saying it in so many words. But the other one, she was like "Really now" (Senior nurse manager, African: GP private sector). ACI is an abbreviation for African, Coloured and Indian.

The senior nurse manager (African) also described experiences where White male doctors were sceptical about her appointment:

"He says "What did you do to get the position?", and I was like, really? But very open and friendly. I said "Doctor, can I tell you something? You know that I've got Masters in management and education. I studied very hard to get this position. I went to school". Jislaaik, so he turned red, he said "Oh mogoda, you deserve it then", and he walks away. Then I stood there, I was like, "Really, did this just happen?".

Another senior nurse manager (African) at another private hospital also in Gauteng described similar experiences where her competencies were viewed with scepticism by her subordinates. The scepticism surfaced soon after her appointment as the senior nurse manager:

"Even some of my own staff members that are White, didn't actually believe that I would get it right because behind my back they went and phoned the previous nursing manager for help".
The previous senior nurse manager was a White female.

An African nurse academic described experiences where a White doctor viewed her competencies with doubt:

*"Doctor when, when he was interviewing me. My, well my perception is that he saw my race."
"And my gender and he said, you know, no I, I still have a, even if they were to accept me, I have a lot to learn".*

When the incident occurred, the participant was already a professor in nursing. The participant further explained that the scepticism and undermining of what an African person could accomplish was ongoing:

“There is an expectation that you will, that you might not succeed. It’s a black or it’s a Chinese, there is scepticism that this person will not make it, this person will not make it. They will always look at you see this is what we expected, you see we expected this, we saw this coming”.

Relationships/knowledge obscuring objectivity: An African participant, who possessed a postgraduate diploma in nursing management, described that her relationship with a recently appointed senior nurse manager (African) was interfering with her opportunity to be promoted. The participant had worked for several years at the private hospital and had been unsuccessful in her applications to be promoted as a junior manager, despite her experience and qualifications. She explained that a White nurse with no post graduate qualifications and from another private hospital, was appointed:

“Yes, because it was uh normal questions but the first thing which I did realise, I’m not going to make it, she just took my CV like this”. “... because of, I can’t attach all the certificates on my CV. it’s only just a normal CV to apply post as usual because I know I’m in a hospital product. I was working here for a long time. So, if you need more, I will bring it to you”.

The participant described that she experienced a rather cold attitude from the senior nurse manager (African) during the interview suggesting that the senior nurse manager could have identified the ideal candidate before then:

“Ja, that’s why I explained, even the body language, the way from the start, opening the door and just go outside, I’ll call you, do you understand?” and “because the structure question was giving me some scenarios. I did explain, why didn’t she bring attention and look at me when I explained about a scenario wherever. It was a lot of scenarios about the patient wherever. I stopped explaining to her and uh.” “... she was writing on uh structure question papers. She was writing like this, she says ok I’m listening, go on”.

Appointing own kind: Managers exhibited bias when they were inclined to appoint people who were similar to them. For example, managers who were Coloured appointed other Coloured people, those who were foreign appointed other foreigners or males appointed males. A human resource official related her observations in this regard, citing the appointment of a unit manager who was a foreigner. Ever since the appointment of the unit manager who was a foreigner, various other foreigners were appointed in the ward that the person was in command of:

“But then people also look, they look after their own. I just feel that, ja, and the more they are higher, more foreigners that are appointed in higher positions, the more likely they are to

appoint foreigners. Yes, we are in a scares skill industry, but you can't tell me that we have to appoint 20 of them, at our hospital" (Human resource official: GP private sector).

Another human resource official in the private sector in the WC confirmed the tendency to appoint people of a particular race:

*"If you happen to be a white male or white female, you will relate easier to the same culture and similarly, if you're a coloured male or female, you would relate easier to a coloured male".
"...Uhm I don't think necessarily it's subconsciously. In fact, maybe it's consciously done".*

Female senior nurse managers in both sectors admitted to being biased towards male nurses as they had experience of their being lazy, hence they were not very eager to appoint male nurses:

"... die mans geslag het nie 'n baie goeie reputasie nie. Uh uh w-want hulle word gewoontelik gesien as lui, uh en dit is wat 'n mens ervaar, hulle kan baie praat maar wanneer dit by die doen kom dan gaan dit glad nie goed nie dan steek hulle lyf weg".

Translated version:

"...males do not have a good reputation, uh uh uh as they are viewed as lazy, and that is what one experiences, they are very talkative, but when it comes down to doing what needs to be done, they are nowhere near the scene" (Senior nurse manager: GP – public sector).

A senior nurse manager in the private sector, WC, also described male nurses as being inefficient, she was therefore reluctant to appoint them solely to meet the prescriptions of the EEA:

"I am sorry, I have appointed males because there was pressure, we must get out equity, we are going to have some males in. And really, three months later you have got to either ask that person to go or they can't cope".

Interview of unsuccessful candidate: Several unsuccessful candidates verbalised that the interviews seemed to be rather superficial - as if the panel was not interested in what the candidates had to say. The unsuccessful candidates therefore deduced that the successful candidate had been identified prior the interview process and that the interview was about following protocol:

“pushed her hard in the interview. So, I don’t think I was pushed very hard [chuckles]. So, then you have to question it. I mean it’s only natural to then think they had an agenda”
(Unsuccessful candidate: WC private sector).

An unsuccessful candidate in the WC recalled that the person who was ultimately promoted had a very lengthy interview compared to the one she had had:

“look you have this timeframe so, I went for the interview then they asked me to sit, eventually they asked me to sit down when they had tea they had a break. This candidate was still busy. But then I thought to myself but when I went in there, I maybe it was just my perception, I was in and out within an hour and you still had to go and do the practical test and come back”.

Managing bias: Various participants acknowledged the possibility of bias but indicated that it was difficult for anyone to be overtly biased during the selection interview. Many were of the opinion that the fact that there was an interview panel and a structured interview guide as well as discussion following an interview, all served to limit the bias. Some were of the opinion that their company had a strict hiring and promoting process that limited the abuse of power:

“So, what I say as well with the structured interview guide, it also I just protects that bias”
(Senior nurse manager, African: GP private sector).

Some public-sector hospitals also had a scribe who was present during the selection interview. The scribe acted as custodian of the process and was present during the interview to ensure that the process was managed in a sound way and that the EEA was adhered to. The scribe was supposed to ensure that there was alignment between the points allocated to a candidate and how the candidate had answered questions. One scribe mentioned the value of the panel discussion after the interview had been concluded:

“They decided to take the second candidate based on their discussion. But to me, I didn’t argue with them because I felt both of them they worked well, but because they only discuss they have seen the, the ability of the second candidate they were opt to take that candidate” (African scribe/observer: GP public sector).

A senior nurse manager in private healthcare in Gauteng explained that the selection and appointment policies of the company were detailed so as to prevent the abuse of power.

“So, the, the policy is such, or the guidelines is such that it, uhm, if I must use my own words, that it prevents a misuse of power”. “...the policies that the company have put in place to try

and address the issue of equity also maybe makes it very difficult for you to get out of line in terms of an appointment of a senior position centred around equity”.

The findings revealed a distinct trend showing less trust and respect for the capabilities of African female managerial figures. Poor relationships between managers and subordinates and the power of some to appoint, also surfaced.

The concept of caring for those who belonged to one’s own race or culture appeared to be a reality, considering the appointments of foreigners in wards where the manager was a foreigner. Junior managers and junior human resource officials were supposed to be involved with the appointment of staff on ward level.

The notion of having identified the preferred candidate prior to the interview came through as candidates were able to observe that they were subjected to superficial interviews. It appears that the conditions requiring an interview guide and a diverse panel were probably not sufficient to manage bias.

5.3.9 Business principles

The central element of this theme is that the survival of hospitals was dependent on clients such as medical doctors (Table 5.10). Quite often the doctors who contributed to the revenue of a hospital were not in agreement with the appointment of an African person as a nursing service manager or to occupy a managerial position. The racial preferences of clients, i.e. doctors, who contribute to the revenue of a hospital seemed to take preference or were considered irrespective of the EEA. This data pertaining to the influence of stakeholders on adherence/non-adherence to the implementation of the EEA was unique to Gauteng as it did not surface in the Western Cape.

Table 5.10 Business principles

Theme	Subtheme	Example
Health care – business as usual?	Doctors as stakeholders	<ul style="list-style-type: none"> Income generating Consider their influence
	Geographical area and language	<ul style="list-style-type: none"> Location Language
	Stakeholders and class	<ul style="list-style-type: none"> Bias towards African staff Protecting image of the company

Doctors as stakeholders: Medical doctors affiliated to the participating private sector hospitals serve as customers as they used the facilities of the hospital to treat their patients. Should they have ceased to admit their patients at the hospitals, the income of these hospitals was jeopardized. A senior nurse manager explained that if the preferences of a doctor - in

terms of who should be appointed as a manager of some sort - were not met, some decided not to admit patients at the hospital or to move to another hospital.

“... like a vendetta that even evolved from that appointment, that doctors were intentional about not making this hospital function, not bring in patients, taking their patients elsewhere for surgery, keeping the wards empty”. I’ve seen before how the appointment of an A.C.I candidate at a specific place has probably caused – it might not be the only factor, but contributed to a hospital poor performance. Uhm, Not that he was incompetent, just because he was black. And the doctors were predominantly white. they will sit in a meeting, you have to – this man, the hospital manager would have to remind them to speak English, uhm, they ignore him, uhm, you know. The comments they will make outside of the meeting about him, derogatory. Uhm, they wouldn’t say anything very racist but derogatory, so anything, you know? Uhm, that’s bad. And sometimes, ja. You know, the companies would say, “Right, no. Let’s not put in another A.C.I candidate.” (Senior nurse manager: GP private sector).

Geographical area and language: The geographical location of the hospital seemed to play a role. The influence of the stakeholder’s opinion on who was appointed seemed to be obvious in hospitals that were situated in predominately Afrikaans-speaking areas and that had White Afrikaner doctors as clients.

“But you tend to find difficulties because there are barriers such as doctors. You will have the right candidate in terms of equity but because of the area we are in it is Afrikaans dominated. Your doctors are Afrikaans dominated and it’s your old, old doctors”. “... will be a recommended candidate for the unit manager position and then you get grilled in terms of does she understand Afrikaans, can she speak Afrikaans, those are the type of barriers that makes you add up not then considering that applicant even though that she, in terms of clinically she is competent enough but because of the one area of the language. The hospital is English but the dynamics are it’s a... “The clients are Afrikaans. (Human resource official: GP private sector).

A human resource manager at another private hospital in Gauteng did not remark on being African but mentioned physical appearances:

“...certain staff have phenomenal skills nor beautiful people, but don’t put them at this particular site because they’re going to interact with different types of people. You’ve got to juggle it with your company, your company’s image, what they want to portray and the business. So, you also have to be realistic”.

Stakeholders and class: Some comments also suggest an element of institutional racism and that the female of colour was viewed as less than competent by some White Afrikaans speaking doctors:

“The minute when they see an ACI manager (ACI: abbreviation for African, Coloured and Indian) or near that one doesn’t know a thing. I don’t know. That’s the culture here. If you black you not competent. A white person will be more competent than a black manager. Do you understand? Those are the dynamics that you will find in this hospital unfortunately and it becomes very difficult because it’s, you don’t know now what to do. I’m compelled to do this but then the doctor brings in more revenue so which side do I bend more to, to my client, the doctor and your patients or do I stick by the rules” (Human resource official: GP private sector).

Another human resource manager experienced that class was also considered when selecting and appointing a candidate:

“So, you can look beautiful and you could and you can have the figure. But you open your mouth and it will categorise you in terms of where you grew up, if you had the benefit in education and/or to what extent”.

Stakeholders who are doctors therefore seemed to influence the appointment of the female of colour due to the power they wielded from contributing to the revenue of the company. In addition, it appeared that the female of colour had to work hard to shed the label of incompetence. The data therefore confirmed that the female of colour faced a rather difficult road with regard to promotion in private healthcare.

5.4 SUMMARY

The findings demonstrate that both private and public health sectors employ formal processes whereby promotion and appointments are completed. Furthermore, that those involved in the selection processes wish to understand the candidates job-related competencies as well as their personalities. Consequently, the panel asks questions during an interview that will enable them to determine job-related skills and the personality of the candidate. However, the ability to converse in English and feeling comfortable during the interview seem to carry weight. Therefore, candidates should ideally be able to converse in English and be comfortable and not be intimidated by the formal setting of the interview.

In addition, all participating institutions employ distinct efforts to consider the EEA in promotion systems. The narratives of the interviewees reflect that definite efforts are made to promote the appointment of previously disadvantaged candidates. However, there is also a distinct

presence of questionable appointing systems that can render much harm to individual candidates.

The findings further confirmed the intersecting influence of race, class and gender on the careers of the female of colour; that contribute to their being marginalized. Irrespective of the implementation of the EEA and succession planning, much needs to be done to shed the air of scepticism that surrounds the competencies of the female of colour.

The findings further revealed the presence of overt racial discrimination and that although the female of colour was – at times - the successfully promoted candidate she was not always accepted in that capacity in the work environment. There is also a tendency that people, irrespective of race, tend to appoint those similar to themselves such as males appointing males and foreigners appointing other foreigners.

There were two distinct opinions that surfaced about the influence of class on promotion. On the one side it was reflected that being professional and neat will suffice, but the other side reflected more the value attached to dignity, roundedness and eloquent speaking. The findings in terms of gender reflected scepticism towards males and that in certain cases males could have embarked on efforts to marginalise females.

The next chapter contains a discussion of the findings of the study as it relates to literature.

CHAPTER 6

DISCUSSION OF THE FINDINGS OF THE STUDY

6.1 INTRODUCTION

The preceding chapters illustrate the background and foundation of the study, a literature review, a detailed description of the methodology that was applied in the study and an outlay of the quantitative results and qualitative findings of the study. This chapter deliberates upon the findings of the study as these relate to the set objectives. The quantitative results respond to the first two objectives of the study whereas the qualitative findings concern the third objective of the study.

6.2 QUANTITATIVE RESULTS

6.2.1 Biographical data

Female participants dominated the current study in line with the reality that nursing is a female-dominated profession (South African Nursing Council, 2016:1-2). The same applies to the large number of African participants in the sample. Data from the 2011 census illustrates that Africans constitute 79.2% of the South African (SA) population (Stats SA, 2012:14). Furthermore, most of the participants had an undergraduate diploma in nursing – often referred to amongst nurses as the “basic” diploma. The reason for this, might be ascribed to the fact that undergraduate nurse training in South Africa is more college- rather than university-based (South African Nursing Council, 2016). According to the age distribution of the South African Nursing Council (SANC) most nurses in SA are in the age groups 50-59 years (30%) and 40-49 years (27%). The participants in the study had a mean age of 44 and were therefore younger than the average age group of registered PNs in SA (SANC, 2016). From the n=9 participants who had master’s degrees in nursing the majority, (n=6, 66.7%) were African nurses. The remaining n=3 (33.3%) were White participants.

6.2.2 Objective 1: Explore the influence of the EEA on the appointment of nurses in leadership positions

Response to the implementation of the EEA – The EEA was promulgated in 1998. The main goal of the Act was to redress the labour market inequities created by apartheid (Republic of South Africa, 1998:12). Furthermore, as explained in Chapter 2, the total percentage of Africans had increased steadily in the Western Cape, from 21.6% - 32.9% for the period 1996 - 2011 while the Coloured population decreased from 56.6% - 48.8% in the same period. Gauteng on the other hand, has a large African population of 77.4% but lower percentage of White and Coloured population groups (Stats SA, 2012:14-17). Considering the statistical data from the employment equity report of the Western Cape Department of Health (Republic of South Africa, 2015), as discussed in chapter 2, the promotion of Africans to

managerial positions in the WC has to be strengthened if one accepts that the EEA is in place. However, the proportion of Africans in middle and top managerial positions in the public health sector for the period 2012 to 2015 has decreased in the WC from 8 to 2 individuals. Since 2014 some steps were taken to increase the presence of Africans in managerial positions at the participating public hospital. Steps taken to appoint three African males to managerial positions for the period 2014-2016, evoked what was perceived to be racial discomfort among some Coloured staff members at this hospital. Memela (2011) acknowledges racial tension between Coloureds and Africans in the Western Cape and mentions an anti-African attitude among Coloureds acknowledging that Africans were inclined to display anti-Coloured attitudes as well. Seekings (2007:3) declares that due to the longstanding effects of apartheid, South Africans tend to be race conscious. Furthermore, he also admits to the adverse racial remarks being used among South Africans. Klimley (2011) states that people tend to become indignant when they see people other than those of their own group being promoted. Oosthuizen and Naidoo (2010:2) confirm the slow implementation of EEA directives in South Africa.

Racial issues - The Coloured group was less convinced and divided as a group on whether the implementation of the EEA contributed to an increase in the appointment of African, Coloured and Indians nurses in managerial positions. The majority of the Coloured participants were in the WC with most occupying the majority of junior to middle management positions at the participating public hospital. In the WC, no female of colour occupied a position as head of nursing (public sector) or nursing service manager (private sector) at any of the participating hospitals at the time of data collection or before. It therefore appears that the Coloured nurses in the WC might be marginalised to some extent. The situation of the Coloured group seems to be somewhat similar to the group's political position. Taylor, Mwaba and Roman (2014) completed a qualitative study exploring the identity of Coloured people in post-apartheid SA. They found that the societal position of Coloureds within post-apartheid SA government was that they were marginalised. While the African group had gained political power in post-apartheid SA, the White group had historical power and Coloureds had yet to find their space and place.

The African group was well represented in managerial positions in the participating private and public sector hospitals in Gauteng. However, Africans were poorly represented in the participating hospitals in the WC, public and private sectors. The low presentation of African nurses in managerial positions is reflected in the 2015 employment equity reports (Republic of South Africa, 2015). To a certain extent, the representation of African and Coloured groups in managerial positions in the public sector could be ascribed to the demographics in these two provinces. The promotion of African females to senior managerial positions at the

participating private hospitals in Gauteng only happened in 2014. Considering the findings of the study in terms of racial prejudice that African nurse leaders in Gauteng experienced at the time of data collection and prior, one cannot exclude systemic racism. At the time of writing this chapter no Africans had been appointed in senior managerial positions at any of the participating private hospitals in the WC. The African nurse leaders who were appointed to senior managerial positions in the private sector in Gauteng, all had master's degrees in nursing. However, senior White nurse managers at the participating private hospitals in the WC obtained these positions with lower postgraduate qualifications, reflecting the rather difficult road to success of the African nurse. Pager and Western (2012:221) relate that institutional racism is subtle and not easy to recognise as people do not act overtly when trying to enhance the careers of their own kind. The authors (2012:222) found that White-owned companies were more inclined to hire White candidates than people of colour irrespective of whether the qualifications of the person of colour were better. The findings of the SA study by Oosthuizen and Naidoo (2010: 2) confirm that employment equity candidates were viewed as being less competent and that companies were less eager to appoint people of colour.

Gendered relationships - The Coloured participants in the present study were less convinced than the other race groups that the implementation of the EEA had improved gender relationships in the workplace (see Chapter 4, Figure 4.1). Most of the Coloured participants were from the Western Cape (WC) and employed at the participating public hospital. Responses to the open-ended questions received from this hospital reflected the promotion of males irrespective of how well they performed in the interview. These findings were also mirrored in the interviews (see Chapter 5).

The 2016 statistical data from SANC (2016:1-2) confirmed that there was a majority of female nurses as compared to male nurses at the time. Irrespective of female-dominance, according to the statistical data of SANC, gender equity in managerial positions at one institution, will provide males an advantage. This implies that although male nurses were few, they were generally in command. Therefore, male-dominance in senior managerial positions in might have led to males being the preferred candidates – in line with the social identity theory and patriarchy and not really due to adherence to the EEA. Social identity theory relates to the tendency to favour your own kind instead of those belonging to another group. Thus, it may be assumed that males will endorse the advancement of other males while females support other females and similar situations (Tropp & Molina, 2012:546; Tajfel & Turner, 1979:281). The authority that males in senior managerial positions have, signifies a powerbase over subordinate females. This form of gender discrimination is more evident if the so-called “subjects” are females of colour (Carstathis, 2014:305; Bendick & Nunes, 2012:239).

Findings regarding the influence of the EEA on gender relationships in Gauteng revealed that males received more respect in the workplace. African cultural attitudes seem to surface at the participating public hospital as male nurses were seemingly respected more than female nurses and were more successful when applying for managerial positions. Palit (2010:848) attributes the respectful treatment of men, who were deemed superior, to the colonial era, as these traditional roles were brought to the colonies by Europeans. The traditional roles were then adopted by the ethnic groups in the colonies. Baloyi (2010:2) and Ndinda and Okeke-Uzodike (2012:136) confirm the patriarchal culture among Africans to grant men superior status and respect while women were expected to be submissive.

Hierarchical relationships - The Coloured and White groups were less convinced that the implementation of the EEA had a positive influence on hierarchical relationships in the workplace. The African group was most positive that implementation of the EEA had improved hierarchical relationships in the workplace. Memela (2011) confirms that Coloureds had a habit of being partial to White people than Africans. Moreover, as the WC had previously had a Coloured majority, an increase in the number of Africans in the WC and the steps taken by the management of the participating public hospital to appoint Africans in management positions, seemed to worsen the fears of Coloured people. Consequently, Coloureds responded with dissatisfaction as substantiated by Klimley (2011). The findings pertaining to the responses of African participants seem to relate to the findings of a study conducted by the Level Planning Institute (2009:2) in the United States of America (USA) about racial relationships when Barack Obama became a presidential candidate. The findings indicated that African Americans were more satisfied with relations in the workplace than White participants during this time period.

Furthermore, responses to the open-ended questions of this study revealed autocratic leadership in both sectors and that leadership did not consider it important to seek the opinions of nurses, reflecting structures of oppression. Findings of a qualitative study completed by Su, Jenkins and Liu (2012:1) confirm the use of power to subjugate nurses and to increase psychological strain. The authors relate that the autocratic behaviour begins with male hospital managers and then filters down to the nurse managers who then exhibit the autocratic behaviour towards their underlings. Although autocratic managerial behaviour is encompassed by patriarchy it does not always manifest in the form of male dominance but is often characterised by structures of oppression towards marginalised groups (Serres, 2017). Hierarchical power manifested in that managerial influence seems to play a deciding role in who is granted an opportunity to study. A participant in the private sector commented that unit

managers were required to write recommendations for staff who wished to further their studies. This rule might jeopardize an individual's opportunity to become a manager if the person did not have a good relationship with the unit manager. While the researcher was collecting data at one of the public sector hospitals, a PN approached her requesting that the rule requiring a recommendation when a candidate applied for study leave, be mentioned in the research report. The feeling was that it worked against the staff when managers who held a grudge refused to recommend the study leave. The example supports the notion that there is abuse of power and autocratic behaviour in line with the attributes of patriarchal systems (Serres, 2017). In addition, a prerequisite for a junior managerial position is a qualification in a speciality area i.e. labour ward, critical care unit, paediatric ward and other such qualifications (Republic of SA, 2004:27). Consequently, to deny study leave could limit a person's prospects of being promoted as she/he would then lack the required qualification.

6.2.3 Explore the views of nurses on the influence of race, class and gender on the appointment of nurses in leadership positions

Race: Ninety-eight of the participants were White, of which nine were employed in the public sector in the WC. The rest of the White group was employed in the private sector in both provinces. All the Indian participants were employed in the private sector - 50% in Gauteng and 50% in the WC. Of the one hundred and eighty-nine Coloured participants, thirteen were employed at the participating private hospitals in Gauteng compared to forty-nine being employed at the participating private hospitals in the WC. Of the total of two hundred and twenty-six African participants, only fifty-one were in the WC of which fourteen were employed in the private sector.

African participants were less convinced that promotional opportunities were open to all or that African, Coloured and Indian nurses were well represented in managerial positions. African and Coloured participants were also more sceptical about the fairness of promotion systems. African, Coloured and Indian participants were generally sceptical and divided about whether promotion processes and outcomes were transparent. African participants were the least convinced that they were exposed to succession planning and received training that would enable them to be promoted. Furthermore, the African group was most convinced that the White group was frequently considered for promotion and that the competencies of White nurses were valued by management.

African participants were sceptical toward promotion systems as a result of their perception that EEA implementation at private hospitals in general and the public sector in the WC, was slow. The latter is reflected in the employment equity reports (see Chapter 2) of the

Department of Health in the Western Cape and the national reports of the private healthcare sector (Republic of South Africa, 2015). The findings of the reports seem to relate to a 2011 study by Witt/Kiefer. The study of Witt/Kiefer on diversity in healthcare leadership in the USA (2011:7), reveals that African-Americans were generally less convinced that they were considered in the same way for promotion as the White candidates. The White participants in the study by Wit/Kiefer, were generally convinced that all racial groups were assessed equally for promotion. Considering the legacy of apartheid, when Africans used to receive almost no privileges, together with the delayed implementation of the EEA (Horwitz & Jain, 2011:311), Africans appeared to be more aware of these issues. Those who were privileged were less likely to be conscious of their privileged status (Pratto & Steward, 2012:41).

White nurses on the other hand, were convinced that African, Coloured and Indian nurses were successful when applying for promotion – however, the latter, were less convinced about their promotion successes. These findings are in line with statistical data from the employment equity reports (Republic of South Africa, 2015) that confirm the low representation of African and Coloureds in managerial positions, specifically in the private healthcare sector nationally and the public sector in the WC. In addition, the White group was also the least convinced that management valued the competencies of Coloured nurses - an opinion that is supported by the findings of Pratto and Steward (2012:41). They (Pratto and Steward (2012:41) concurred with the findings of the current study and found that the dominant group, which was the White group in private healthcare did recognize inequality but not necessarily their own privileges, i.e. the privileges embedded in merely being White. The authors (Pratto and Steward (2012:41) indicated that the dominant group was so used to their privileged status that they regarded it as normal as such, they were somewhat blind to the privileges entrenched in being the dominant group.

On the other hand, the White and Coloured groups were more concerned about the possible influence of race on promotion than the African and Indian groups were. The White and Coloured groups were also the most convinced but divided on the over-consideration of Africans to promotion positions. Further, the Coloured group was of the view that they were less likely to be considered for promotion. In the current study, the White group was dominant as the group occupied all the senior managerial positions, specifically in the private sector in the Western Cape and middle management positions in the private sector in Gauteng. The Coloured group dominated managerial positions in the public sector in the WC, yet not at senior management level. Horwitz and Jain (2011:299) refer to the hierarchy of privilege in South Africa, with Whites being uppermost, followed by Coloureds and Indians, with Africans being at the bottom. It therefore appears that the White and Coloured groups, considering the

element of privilege that they were granted in terms of employment, might feel threatened by the implementation of the EEA. Oosthuizen and Naidoo (2010:7) found that the responses of the dominant group include fear for loss of employment and the possibility of reverse discrimination.

Race and responses to the open-ended questions: The comments of the Coloured participants reflected anxiousness about the possibility that more Africans will be promoted to managerial positions at the participating public hospital. Responses of African participants in the public sector of the WC indicated that they were being marginalised and not exposed to managerial duties; therefore, not gaining experience in terms of management. Skaggs and Bridges (2013:404) relate that discrimination is subtle and not easy to detect, emerging via acts of hostility and dislike displayed towards certain social groups. Collier (2005:300) reflects on privileged racial hierarchies groups whose status becomes evident when they engage with people other than themselves. Members of the privileged group tend to use their power to limit the allocation of resources to those who are different, ultimately creating systems of oppression.

African participants in the public and private sector in the WC displayed anger and took exception to the low representation of Africans in managerial positions. Furthermore, their comments reflected that they were not encouraged to apply for promotion and that they were required to have the compulsory experience while other races were not. The Commission for Conciliation, Mediation and Arbitration (CCMA) in South Africa confirms a legacy of discriminatory practices in SA that relates to access and promotion in terms of employment (CCMA, 2002). The 2015-2016 report of the CCMA reflects a steady growth in cases referred for mediation and arbitration (CCMA, 2016:20). Mfene (2010:145) communicated that people had a habit of associating with those with similar values and beliefs as themselves and that these issues do not foster trusting relationships between groups. Triana, Garcia and Colella (2010:839) found a strong presence of racial identity among African-Americans and that the presence of racial discrimination in the workplace diminished trust in the organisation. Furthermore, the African-American participants in their study viewed management to be hypocritical if racial discrimination was not adequately addressed.

Participants in the public sector of the WC and the private sector in both provinces expressed scepticism in terms of the competencies of African nurses. Some White participants viewed both African and Coloured participants as being less competent. The findings of a South African study by Oosthuizen and Naidoo (2010: 7) on the implementation of the EEA confirmed that the skills of employment equity candidates were negatively stereotyped. Brondolo and

Libretti (2012:365-367) relate that racism is subtle and ongoing, accompanied by certain social processes that promoted school and residential segregation as Whites avoided schools and neighbourhoods where people of African descent are living. Subsequently, relationship building across the colour line is rare. Moreover, people of African descent are often portrayed in the media as being lazy and not well educated. These preconceived ideas are carried over to the workplace and influence attitudes towards people of African descent as well as their career opportunities (Braddock & Gonzalez, 2010; Stearns, 2010). Findings seem to relate to race as a social construct with White people considered as superior and Africans, inferior (Romero, 2014:247).

Participants at the public hospital in Gauteng seemed to be aware of African dominance at the hospital and ascribed African hegemony to the demographic profile of the area. The human resource manager at the participating public hospital mentioned that they did not receive applications from races other than African. Considering the research completed by Brondolo and Libretti (2012:365-367), in terms of avoiding predominantly African residential areas and the history of racial hierarchies in SA (Horwitz & Jain, 2011:299), it may be concluded that other race groups might not want to work in a predominantly African community.

Participants in the present study, from the public sector, indicated that the names of successful candidates who were promoted are announced e.g. in meetings. However, the initial availability of the vacant post was not verbally communicated in the same manner. Other participants claim that, although posts were advertised on the website of the provincial department of health, not everyone had internet availability and therefore cannot access online advertisements.

Although participants in the private sector seemed to lack knowledge of promotional processes, the succession planning was already put into operation. Keil (2005:38) stresses the importance of a well-planned recruitment and selection programme that is aligned with diversity. The author (Keil 2005:38) further advises that the competencies and knowledge of employees and management ought to be of a high standard to prevent missed opportunities, encourage advancement and acknowledge competence. In addition, succession planning processes should be aimed at developing knowledge and awareness of selection practices and recognize talent beforehand. Mahlaba (2016:1) emphasizes the importance of empowering the entire workforce to prevent the possibility of discrimination and prejudice.

Gender: Males were less convinced than the females that African, Coloured and Indian nurses received training that would enable them to be promoted. Furthermore, males were convinced that White nurses were more likely to be considered for promotion positions and that a

working-class background could influence the promotion of nurses from all race groups. More males reported that gender-based discrimination affected promotion. Some participants in Gauteng (public sector) and WC (private sector) were of the opinion that males were overlooked for promotion. Some responses indicated that males were remunerated at a higher scale than their female counterparts (private sector).

Not all the participating private hospitals responded to the researcher's request for details of staff members who occupied managerial positions. As a consequence, it was not possible to determine whether participants' responses to the open-ended questions - that males are overlooked with regard to promotion - were indeed truthful. Findings in relation to promotion according to gender were therefore presented in relation to the data in the EEA reports and the male/ female ratios available on the website of the South African Nursing Council.

The exposition is limited to middle managerial and not the senior managerial positions reflected in the EEA report since senior positions could include non-nursing positions such as those of the hospital manager, the human resource manager and similar positions. Statistical data of the 2015 EEA report as displayed in Chapter 2 (Republic of South Africa, 2015) confirm the dominance of White females in middle managerial positions in both the private health sector nationally and the Department of health in the WC.

As displayed in Table 6.1, the 2015 male/female ratio of PN is 1:13 for both the WC and Gauteng (South African Nursing Council, 2015); meaning that fewer males than females were available as potential candidates for promotion. Furthermore, the male to female ratio according to the 2015 EEA report for the private hospitals nationally on middle management is 1:1.5 and junior management 1:8 (see Table 6.1 and Chapter 2, Table 2.4). Subsequently, if one considers the availability of PN according to SANC compared to the ratios as reflected in the 2015 EEA reports, male nurses were not disadvantaged.

Table 6.1: Gender distribution of PN according SANC (SANC, 2015)

Gender	WC	Gauteng	Totals
Females	15 508	33 308	48 816
Males	1 198	2 462	3 660
Male to female ratio	1:13	1:13	
Total PN per province	16 706	35 770	52 476

Booyesen (2007:13-14) reports that White people and males take precedence in corporate SA and that the female of colour is still disadvantaged. Booyesen and Nkomo (2010:17) conducted a quantitative study that confirmed that males in SA were likely to believe that men were more likely to possess the necessary characteristics to be managers.

In addition, findings suggested that males were more convinced of the possible influence of a working-class background on the promotion of nurses of all race groups. Gumede (2010) and Bhorat and van der Westhuizen (2012:4) confirm the divide between rich and poor in SA in that African, Coloured and Indian South Africans were poorer than White South Africans. In addition, Gumede (2010) writes that human development was inhibited and progressed at a slower rate among these poorer race groups due to the legacy of apartheid. Van der Berg (2010:3) writes that wages were linked to education and that in order to address poverty it was important that there was an increase in human capital development. The author (Berg, 2010:3) notes that the divide in earnings could be ascribed to racial inequality in terms of education with most Africans attending impoverished township schools (see Chapter 2, "Language and inequality"). In addition, the failing school system did not prepare students adequately for the nursing curricula at higher education institutions (Oxford, 2016).

Some statements suggested that a number of males were apparently better remunerated than females. As the researcher had little knowledge on remuneration scales she consulted senior nurse managers of the participating companies. Their responses differed but all were in agreement that nurse salaries in SA were not gender-based. Some indicated that they used an employee-based scale. Heathfield (2016) explained that an employee-based scale referred to a fixed annual scale and equally divided payments being made to the employee over the period of one year. The author Heathfield (2016) further explained that the salary was market-related and could have been influenced by the number of people who were available to complete the job. In addition, should an employee possess a scarce skill, salaries were negotiable. Quantitative research conducted by Muench, Sindelar, Busch and Buerhaus (2015:1265-1266) in the United States of America utilized national survey data over a thirty-year period (1988-2008) and found that male nurses who worked in speciality areas were better remunerated than female nurses working in the same units. The finding confirms that although SA healthcare companies have equal salaries for male and females, other countries seem to value the services of male nurses more.

Hierarchical issues (class): Participants who occupied managerial positions were more convinced than the professional nurses that promotional processes were open to all, were fair and transparent and that African nurses were more likely to be considered for promotion than nurses from other race groups. The EEA report of the Department of Health in the WC and private healthcare nationally reflected low percentages of African nurses in managerial positions (Republic of South Africa, 2015). Nurse managers in the hospital environment are involved with managerial functions such as recruitment and selection of employees

(Basavanthappa, 2011:439-440; Reh, 2016). One may deduce that they were informed and thus able to provide a more objective view on such processes than professional nurses who are more involved with patient care. Above all, those in managerial positions were the more privileged group, having more power, than the professional nurses who had yet to be promoted. Pratto and Stewart (2012:28-29) informed that members of a privileged group tend to be somewhat blind to their own privileges and social position that they regarded as normal. It may be reasonable to conclude that the promotional processes seemed to be more open, fair and transparent, from a managerial perspective. Since those participants were already managers, they were in positions of privilege and did not need to have any doubts or concern themselves with issues about how to become managers (Pratto & Stewart, 2012:28-29).

African and Coloured nurses were more convinced that management viewed the competencies of White nurses as being superior. Fletcher (2013:98) reports that White people are held in high esteem by society as a consequence of attitudes during the colonial period, when people of African descent were subjected to hard labour and White people had more management power. Currently, White people in SA occupy most managerial positions in the private sector while people of colour seem to occupy higher positions in the public sector i.e. the state-owned institutions (Republic of South Africa, 2015). Crenshaw (1991:1244) writes that the experiences of the female of colour are different; that the female of colour is marginalized due to the intersection of race and gender and the social power of the dominant group. In the current study, the dominant group in the public sector in the WC is made up of Coloured nurses at the participating public sector hospital. The research discovered that they were seemingly blind to their own privileges and seemed to practice discriminatory behaviour towards African nurses. On the other hand, considering the delayed implementation of the EEA in the private sector, in both provinces and the high presentation of White nurses in managerial positions as is reflected in the EEA reports (Republic of South Africa, 2015), both African and Coloured nurses appear to have had a difficult road to senior managerial positions.

Some participants were sceptical on whether the road to a managerial position is influenced by a middle-class upbringing. Professional nurses were more convinced than those in managerial positions that a middle-class background could influence the promotion of Indian and White nurses. On the other hand, African and White nurses were more convinced a middle-class background influenced the success rate of White nurses to be promoted.

Since the EEA reports (Republic of South Africa, 2015) reflect over-presentation of Indian and White nurses in managerial positions, one can understand the reasoning that a middle-class background could influence promotion. During apartheid, schooling in SA was based on racial

hierarchies, i.e. more resources were allocated to the schooling of a White child and less for people of colour (Carrim, s.a:179). Yet the Indian community in Kwa-Zulu Natal managed to strive against adversity and used community funds to build additional schools for children in Indian communities. The Indian community in Kwa-Zulu Natal also benefited from the fact that 27000 houses were built for Indians by the South African Sugar Millers Association. MacMillan (1961:102) reported that in 1956 Indians were the largest group of people of colour in SA who managed to attend universities and specifically sought careers in medicine and nursing. It was also established that more Indians than Coloureds attended university in 1974 (Kathrada, sa). With the dawn of democracy in 1994, Indians had the largest group of people categorised as middle class among people of colour in SA. Their strong academic background could explain their likelihood to be appointed to managerial positions. The report of Statistics SA (2015:22) exposes that skills development between 1994 and 2014 were most profound among Indians followed by White, then Coloureds and finally, Africans.

Before 1994 the middle class consisted of a White Majority and an African minority (Visagie, 2013:12). During the apartheid era, racial oppression limited the growth of an African middle class. The African middle class has flourished in the post-apartheid era and exceeded the White middle class (Ndletyana, 2014:5). However, despite the growth of the African middle class, the report of Statistics SA (2015:22) demonstrates that skills development between 1994 and 2014 has been lowest among Africans. African, Coloured and Indian participants in the current study were well educated; i.e. as reflected in undergraduate and postgraduate qualifications (see Chapter 4, Table 4.1). However, these groups, and more specifically the African group, still experience discrimination and have yet to achieve prominence in private healthcare and the public sector in the WC. As most of the participants in the current study were females, the findings seem to reflect an intersection between race and gender as the most disadvantaged group appears to be the African female, which is supported by the statistical data of the EEA reports (Republic of South Africa, 2015).

Hierarchical issues (class) and responses to open-ended questions: Participants in the private and public sector commented on the influence of relationships, nepotism and favouritism that enhanced the likelihood of certain candidates being promoted. Participants in the public sector in Gauteng commented that social and political affiliation, the socio-economic status of one's family and tribalism enhanced the probability of some nurses being promoted. Friel (2004) writes that the federal government in the United States of America (USA) received many complaints pertaining to favouritism. The author reports that the results of an American public sector survey showed that only 36.1% of federal employees believed that promotions and appointments were based on merit and 47.2% were of the opinion that awards were based

on employee performance. The Public Service Commission of South Africa (2016:21-23) conducted an analysis of grievances that were received regarding appointments in the public service. They found the highest number of irregularities with appointments to be in Gauteng and Limpopo provinces. Furthermore, documentation regarding recruitment and selection processes was absent in some cases. The researcher rationalised that documentation pertaining to recruitment and selection processes could have been conveniently misplaced to conceal indiscretions in terms of appointments. In some cases, the submission files and minutes pertaining to appointments lacked information regarding members of the selection committee members and/or the selection process.

Differing comments were received about the influence of class on promotion. There was a general view in both the public and private sector that class had no influence on promotion but that qualifications and experience were considered to be significant. However, others were of the opinion that class counted, that dress code, being able to converse in English eloquently and the manner in which one presented oneself could work in one's favour.

Krumrie (2017) writes that during an interview, employers do not merely evaluate the ability of a candidate to answer questions but also assess the professional appearance of the interviewee. Candidates are therefore advised to visit the website of a company to determine how employees at the company dress (Doyle, 2017). The author (Doyle, 2017) mentions that many interviewers value business attires and a sophisticated appearance.

On the other hand, English is perceived as the language of the social elite and SA English is known to have a distinct accent depending of the race of the speaker e.g. pronunciation, intonation and vocabulary. The latter is related to the fact that various races in SA grew up in racialized residential areas in the apartheid era and have different ethnic languages which may have resulted in varying English accents. English-speaking Whites are sometimes critical of the variations of SA English and often view these as inferior (Silva, 1997). English as a business language, meaning the main mechanism of communication, therefore has power and a lack thereof could represent a lack of power and class (Alexander, 2012:6-7). Keil (2005:38) warns those involved with career development and diversity management not to focus on old established criteria such as the ability to communicate stylishly in English as it could lead to the exclusion of diversity candidates. In relation to the current study, the value that the interview panel attached to the ability of a candidate to converse in English during a selection interview could potentially influence the success of a candidate.

Comments further confirmed the manifestation of racial hierarchies, and as a result, inferior judgement of Africans and superior appraisal of Whites. These comments signified that African nurses in the public sector of the WC and private sector in both provinces were treated with disdain by colleagues. Some comments indicated that management adopted a soft stance when mistakes were committed by White nurses and that even those who were less competent were better remunerated. Furthermore, some White doctors seemed to prefer White nurses and would complete their rounds in Afrikaans irrespective of the presence of an African nurse – who did not understand the language - ultimately marginalizing the African female.

In the previous paragraph, comments related to aspects that were discussed in section 6.2.3, i.e. race and the responses to the open-ended questions. These responses also reflected the racial hierarchies in SA. When Vijaya, Eshleman and Halley (2015:8-9) and Fletcher (2013:98) discussed the development of the concept of a White race in America, they averred that initial distinctions between people were based on class and determined by factors such as being rich and poor; or being land-owners or not. Working class American White persons who did not own land had to rely on being waged labourers, as was the case with slaves of African descent. However, slaves were viewed as lazy, needy and not free. Therefore, to distinguish between working class labourers and slaves, the notion of class as defined by Whiteness surfaced, where they viewed themselves to be hard-working and self-reliant. Consequently, the attitude gave rise to class based on race (Roedinger, 1991:49). Vijaya *et al.* (2015:8) aver that the historical economic dominance of White people gave rise to longstanding views, across generations, that White people were also rich, assumed to have class. In the case of SA, the EEA and BEE were not successful at erasing inequality and race that therefore remain to reflect historical divisions and hierarchies. The hierarchies of the disadvantaged are reflected in that White women still have a relative advantage over African, Coloured and Indian females while Coloured and Indian females have an advantage over the African female (Ndinda & Okeke-Uzodike, 2012:129; Horwitz & Jain, 2011:299). The more privileged position of the White female in relation to the female of colour is demonstrated in the 2015 EEA reports (see Chapter 2) that show that despite more than 20 years into democracy the female of colour is still experiencing the intersecting influence of race and gender.

Furthermore, responses suggested that African participants received harsher punishment for mistakes committed than their White counterparts. Mong and Roscigno (2010:15) found that people of African descent were indeed subjected to severer sanctions such as demotion and firing for mistakes committed in the workplace.

Responses to the open-ended questions also displayed the disdainful treatment of African participants. Roscigno, Williams and Byron (2012:702) completed a study on the vulnerability of people of African descent in the workplace. The authors found that, in the workplace middle class workers of African descent lay more charges pertaining to day-to-day harassment, antagonism and exclusion than working class people of African descent. The authors (Roscigno, Williams and Byron (2012:702) reasoned that the middle-class worker of African descent is educated and has the potential for upward mobility. Subsequently, due to competitiveness and the possibility of career advancement, discriminatory behaviour could become more prevalent.

6.3 THE QUALITATIVE DATA

6.3.1 The biographical data

All the participants in the leadership group had achieved a master's degree in nursing. Four of the five females of colour who served as chairpersons of selection committees, were nurses in senior or middle management positions with a master's degree in nursing. The three White chairpersons of selection committees (nurses occupying a senior position) had postgraduate degrees in nursing. It therefore appears that females of colour who were chairpersons were better qualified than their White counterparts. All the successful and unsuccessful candidates were in possession of a postgraduate qualification in nursing, except one African female who was studying towards a postgraduate diploma in nursing management. The website of the South African Nursing Council abbreviated SANC (SANC, 2016) does not provide statistical data pertaining to postgraduate degrees in nursing, but does provide data of nurses with postgraduate diplomas and certificates. The statistical data on the SANC website also does not display a breakdown of postgraduate diplomas or certificates according to race. The researcher was therefore unable to determine general trends regarding postgraduate qualifications pertaining to race in nursing in SA.

Most of the participants in this study were females and in the age group 50-59. These findings are aligned with the statistical data of SANC that confirm the dominance of female nurses in the profession and that the majority of professional nurses (30%) are in the age group 50-59 (SANC, 2016).

6.3.2 Objective 3: Explore the practices imbedded in the selection processes of nurses in leadership positions as experienced by those involved in the selection processes

Nine themes emerged from the data. The discussion of the objective is aligned to the flow of the themes as displayed in Chapter 5, Table 5.1. In cases where the subthemes of one theme

overlapped with subthemes of another theme the initial discussion was considered sufficient to prevent repetition of information.

6.3.2.1 Promotion and appointment – a prickly pear?

There was a noticeable difference between the normative practices in the public sector and those in the private sector, particularly with reference to shortlisting process and the diversity of the interview panel. Whereas shortlisting or screening of CVs in the public sector was completed by all members of the selection panel, shortlisting in the private sector was generally completed by either the nursing service manager alone, or with the assistance of the human resource official. When it came to the appointment of middle and senior managerial nurses in the private sector, the screening of CVs was completed by the hospital manager, nursing service manager and the human resource manager. Furthermore, diversity of the interview panel in the private sector seems to be dependent on the availability of people employed at the company hence the panel may not necessarily be racially diverse. The screening of CVs at the participating public sector hospital in Gauteng is completed by the members of the selection team which was diverse in terms of gender and not necessarily race, since most of the employees were African. It was a requirement at the participating public sector hospital in the WC that the selection panel was diverse in terms of race and gender.

Section 5 of the recruitment policy of the public sector in the WC states that 50% of the selection panel should be present for the initial screening of a candidate's curriculum vitae (CV) for shortlisting purposes. The focus of the panel should be to ensure that the process was fair and that the CV of each candidate was measured against the job requirements mentioned in the advertisement. The policy further emphasises that irregularities such as favouritism and nepotism were not allowed and that bias was not tolerated (Western Cape government, 2002). The recruitment guide of The Association of Universities for Research in Astronomy abbreviated AURA (s.a:5) states that unconscious bias limits the chances of potential candidates as unconscious bias could influence the objectivity with which curriculum vitae, job credentials, letters of recommendations and applications are evaluated. The researcher therefore deduced that if the application documentation of a candidate was evaluated by one person there was potential that unconscious bias might influence the shortlisting of that candidate. However, the toolkit of the Public Service Commission of SA (s.a:25) stipulates that the initial screening of a candidate is a straight forward procedure and can be completed by the human resource department and the process may be regulated by the line manager.

The researcher could not find any directives in the EEA relating to the diversity of the selection panel. Keil (2005:38), an expert in diversity management, advises companies to ensure that selection panels are heterogeneous and that the panel members are trained in the obligation of diversity. The Association of Universities for Research in Astronomy abbreviated AURA (s.a:5) recommends that the selection panel for interviews for senior positions be diverse in terms of race, gender, field and stage of career. If diverse panel members are not available in the company, the recruitment guide of AURA (s.a:6) demands the involvement of people from outside the company. The recruitment guide of AURA (s.a:6-7) states that in order to enhance fairness, the selection panel should meet prior to the placement of the advertisement to set the requirements for the position.

Irrespective of efforts to curb bias and ensuring that candidates of previously disadvantaged groups are given a fair chance to career advancement, some nursing service managers opted for candidates with political influence. A participant in the current study regarded it fit to appoint someone with political influence to possibly manipulate the system and access funds from the provincial government to enhance her own situation at the hospital. DuBrin (2009:9) writes that a skilled politician pushes the careers of others to gain advantage. The author relates that the ability to use politics effectively and ethically is advantageous. DuBrin (2009:8) however warns that overt political behaviour could lead to mistrust and ultimately harm one's own career.

The findings of the current study also revealed possible incidences of unsound and unethical practices such as revealing interview questions prior to the time, and the late involvement of staff members as panel members of the selection team. The researcher could not find specific research data that related to the leaking of interview questions. However, online human resource sites such as New Foundation and LinkedIn confirm that unethical hiring and selection practices do persist. Torkornoo (2015) on the LinkedIn site writes that some managers still rely on intuition and impressions during an interview instead of following selection policies and processes. Koza (2004) on the New Foundation site recounts a case where the chairperson of a selection team had to override an appointment approved by a selection team to appoint a less qualified friend of the chairperson. These sources therefore confirm the existence of systems of power that managed to oppress those in less powerful positions.

However, some participants explained that there was a tendency among candidates to disregard the requirements as stated in the interview and that some were not well prepared for the interview. Basavanthappa (2011:439-440) mentions that organisations and nurse

managers are responsible for succession planning, the preparation of potential candidates, assisting in locating gaps in the selection process and should have a keen interest in the careers of employees.

Keil (2005:38) further emphasises the importance of training and career development but warns those who are involved in such systems not to spontaneously focus on candidates who attended prestigious universities or those who have stable personal backgrounds as these attitudes could lead to the exclusion of skilled candidates. A focus on outstanding talent and elite socio-economic backgrounds could encourage a class system and enhance marginalization of those who ought to be included.

As indicated in Section 6.2.3, although the socio-economic wellbeing of SA citizens had improved in post-apartheid SA, their socio-economic wellbeing is still aligned with the racial hierarchies created by apartheid. The reality is reflected in African people still being generally the poorest, followed by Coloureds and Indians while Whites people are largely financially secure (Bhorat & van der Westhuizen, 2012:4; Gumedde, 2010).

Comments from the participants in this study further suggest an unwillingness among females of colour to apply for managerial positions, this despite the fact that some females of colour were dependent on allowances that accompany clinical positions. Other participants suggested that the female of colour was afraid to take up a managerial position because of her subservient attitude that could be a remnant of the legacy of apartheid.

Roscigno *et al.* (2012:706-707) found undermining discriminatory actions displayed toward people of African descent. These included day-to-day harassment and discrimination in the workplace that cause fear and insult and could minimize a nurse's sense of dignity. The findings of the current study also revealed disdainful behaviour displayed towards African participants. The findings of Roscigno *et al.* (2012:706-707) might explain the perceived unwillingness of the female of colour to consider a managerial position as established in the present study.

6.3.2.2 The interview – counts and discounts

Participants in the current study admitted to experiencing nervousness during the interview sessions while others were not able to promote themselves sufficiently. Some candidates were very confident and able to impress the panel. However, those able to impress were not always able to function effectively once appointed. Ashkanasy, Troth, Lawrence and Jordan (2017:25) relate that potential candidates experienced a range of emotions varying from enthusiasm to

nervousness during an interview. On the other hand, some potential candidates impressed to such an extent during an interview that they achieved rather high ratings from the panel (Huffcutt, 2011:63). The author confirms the influence of bias; that some interviewers were influenced by attributes that were not job-related - such as race, gender, attractiveness, similar attitudes and backgrounds. Furthermore, it may be true that people were biased and evaluated those similar to themselves more favourably.

Considering the context of bias, participants mentioned that they do embark on job-related questions to assess the competency profile of the candidate. Participants who were nursing managers also expressed a need to include additional questions during an interview in an effort to determine personal characteristics. Arnold and Ray (2010:183-186) affirm that job-related questions and scenarios are included in an interview as these require the interviewee to describe previous behaviour that enlightens the panel of the candidate's proficiencies. The authors further state that personality tests are increasingly used as the process assists to predict characteristics such as conscientiousness and emotional stability that are positively linked to job performance.

The present study did find that issues such as a lack of proficiency in English and confidence were found to be more evident among the female of colour. As mentioned in Chapter 2, English is not the home language of choice in the WC and Gauteng (Alexander, 2005:3-5), therefore it is often the second language of the candidate. In addition, as mentioned in Section 6.2.3 too strong a focus on eloquent English could hamper promotion opportunity (Keil, 2005:38). Furthermore, as discussed in Chapter 2, multiple forms of oppression could influence the well-being of people (Balsam, Molina, Beadnell, Simoni & Walters, 2011; Buchanan, Bergman, Bruce, Woods & Lichty, 2009) as well as their self-esteem (Watson, DeBlaere, Langrehr & Zelaya, 2016:656). Repressing the self-esteem or confidence of those who are oppressed is debatable; as Sprecher, Brooks and Avogo (2013) had found that the African-American females in their study had higher levels of self-esteem than their White counterparts.

A White nurse manager seemed not to understand the lack of confidence that was at times observed among of the female of colour. An African nurse manager on the other hand (see Chapter 5, Section 5.3.2), was sympathetic and showed acceptance of the apparent lack of confidence. Such acceptance by the African nurse manager seemed to be grounded in the Standpoint Theory that asserts that those who had experienced oppression were indeed privileged as they were able to gain knowledge of the social reality of what it means to be oppressed (Rolin, 2009:218).

6.3.2.3 The Employment Equity Act (EEA) - *baby with the bath water?*

Human resource officials/managers and nurse managers were in agreement that the EEA is taken into account as far as possible. In addition, they explained that they had succession planning processes in place whereby employees were empowered and assisted with preparation for managerial positions. Section 15 of the EEA requires that employers take reasonable steps to enhance diversity and develop the competencies of people from previously disadvantaged groups to ultimately improve representation of these groups in the workplace (Republic of SA, 1998:19). Furthermore, section 20, subsection 5 of the EEA states that it is not acceptable to discriminate against a person due to a lack of appropriate experience. It therefore appears that the unwillingness to appoint employment equity candidates who have qualifications but lack relevant experience could signify possible unfair discrimination. The present study revealed that although steps were taken to develop potential within organisations, a few human resource officials related that not all nursing service managers were willing to appoint employment equity candidates from outside the company to junior managerial positions - even though the latter might have had the qualifications but lacked experience.

The dominant Coloured group at the participating public hospital in the WC needed to accommodate the EEA directives and appoint more Africans in managerial positions. The dominant African group at the participating public hospital in Gauteng was in a similar situation as they needed to enhance efforts to recruit people from other races. There is a general viewpoint at all participating private hospitals in the WC that suitable employment equity candidates were not available. The arguments about finding employment equity candidates differ at the participating private hospitals in Gauteng. An African nurse manager at one hospital stated that she received an abundance of applications but that few candidates were suitably qualified or with the necessary experience for a managerial position. An African human resource manager related how she struggled to convince a board of mostly White male Afrikaner doctors about the suitability of African candidates. She also found that White nurses were more acceptable to this board of doctors at a predominantly Afrikaans speaking hospital. The one African nursing service manager related how she struggled to become a shift leader in a critical care unit in private healthcare irrespective of being critical care trained thus affirming distrust in her as an African nurse. A Coloured nursing service manager in private healthcare in Gauteng described that she found it difficult to find suitable employment equity candidates for managerial positions but related that persistent recruitment efforts ultimately paid off. The findings in terms of a shortage of employment equity candidates seemed to be more profound in the WC than in Gauteng. Furthermore, findings reflected a distinct lack of confidence in the abilities of African nurses. Moreover, the profound impact of gender

intersecting race confirms acceptance of the White female but promotes suspicion of the African nurse. Ndlinda and Okeke-Uzodike (2012:137) explain that the connectivity that White women have with dominant White men assisted with the career advancement of White women. African females however, were less accepted irrespective of their value in terms of human capital. They therefore remain marginalized.

In addition, another human resource official commented that managerial teams should be committed to drive diversity and support the development of employment equity candidates. Booysen and Nkomo (2010:234-236), Steyn (2010:53) and Jongens (2006:41) emphasise the importance of managerial commitment to enhance diversity in the workplace. The study of Jongens (2006:41) found a general lack of commitment amongst managerial structures on different levels, to enhance diversity in the workplace. Steyn (2010:76) reflects that the structures of power that limit transformation were invisible and that perhaps the individuals who were indeed committed might be unknowingly working with those who were constraining transformational processes.

At some companies the salary package of a junior nurse manager in a speciality unit seems to be inadequate as the speciality allowance is removed once the candidate is promoted to the position of a junior nurse manager. The human resource officials, a nurse manager and an African junior manager commented that the reduced compensation influences the candidates' willingness to consider such a position. Since Africans remain the poorest of the race groups in post-apartheid SA (Bhorat & van der Westhuizen, 2012:4; Gumede, 2010) one can understand why monetary incentives limit the enthusiasm of African nurses to consider a managerial position.

6.3.2.4 Candidates, qualifications, experience and promotion – what works best?

Interview data suggest that promotion and appointment in the public sector in the WC appeared to be more judicious since 2013; that there was a positive change in terms of promotion systems that contributed to fairness after a change at the most senior nurse executive level.

Interview data from the private sector suggest a dearth of employment equity candidates on the one hand whereas employment equity candidates themselves were reportedly unsuccessful despite possessing the required qualifications and experience at management level. Other interview data signify a possibility that, depending on the individual nurse manager, qualified employment equity candidates who lacked or required exposure to nursing management, from outside an institution might be marginalised.

EEA reports of private healthcare and the Department of Health in the WC (Republic of South Africa, 2015) as displayed in chapter 2 show White-dominance in managerial positions in the WC. Considering the data mentioned here and the arguments relating to a perceived shortage of employment equity candidates, one cannot exclude the possibility of institutional racism. Various literature indicate that racism is subtle and not easy to detect (Feagin, 2014:7; Nier & Gaertner, 2012:207; Mong & Roscigno, 2010:2). Steyn (2010:58) explains that the hegemonic groups in organisational structures show little awareness of the privileges that they receive through structures of oppression that actually marginalize others. On the other hand, at times White candidates with the required qualifications and experience are seemingly marginalised and females of colour without the required qualifications are appointed. Furthermore, there may be situations where unsuccessful candidates did not receive any feedback as to why they were unsuccessful. Others received feedback that reflected efforts from management to disguise the real reasons for their not being successful.

The feedback that some received suggested that the candidates were not fully prepared for the selection interview. Although candidates need to take responsibility for their careers it was also expected that institutions provide succession planning and support internal candidates for the selection interview. Basavanthappa (2011:439-440) states that nurse managers are to assist with the career development of staff and have a profound awareness of their goals. One therefore expects that internal candidates ought to be guided about what to expect during the selection interview.

An African unit manager in private healthcare in Gauteng related how she was recruited, empowered and supported before taking up her current position. The support that she received from her nurse manager reflected the latter's keen interest in her career – an example that is supported by Basavanthappa (2011:439-440).

6.3.2.5 Racial discrimination – alive and well, unfortunately...

The findings further indicated that females of colour, and more specifically the African female, in predominantly White Afrikaans institutions, experiences overt racial discrimination from White colleagues, patients and doctors. In addition, it appears that irrespective of their seniority, the competencies of African nurses, were constantly questioned their actions and abilities were stereotyped and they were required to always prove themselves.

The above findings seem to reflect that when race intersect gender and class females of colour are placed at a great disadvantage. Females in general were often viewed as being inferior to men; the latter reflecting gendered hierarchies. The female of colour endured twofold

discrimination due to gender and race since her race was viewed as being inferior. This study reflected race as a social construct where the White female was regarded as being superior while the female of colour in the context was considered as inferior. As supported by other researchers (Ndinda & Okeke-Uzodike, 2012:136-137; Levine-Rasky, 2011:240-241), white people were generally viewed by society to be better and more acceptable than people of colour.

In addition, the experiences of all the African participants mentioned in the previous paragraph suggested that there were elements of White supremacy. White supremacy concerned systemic racism that is displayed in a cultural system where Whites have overwhelming political and economic power. Furthermore, it is marked by perceptions of white superiority and entitlement, with White people in command and people of colour being relegated to subordinate roles within society and social settings (Ansley, 1997:592).

Discrimination also surfaced in the form of tribalism, meaning wanting to enhance one's own ethnic group in terms of advancement. Budhwar and Debrah (2001:213) confirm that tribalism emerges through favouritism in terms of career advancement and the provision of training opportunities for one's own ethnic group. The authors (Budhwar and Debrah 2001:213) advise human resource managers to avoid tribalism by focusing on formalised recruitment and appointing processes.

6.3.2.6 Class – casting the dice?

Racial hierarchies surfaced in private healthcare in the WC in the form of autocratic behaviour exercised by certain White managerial figures. Also mentioned were White nurse managers with "loud voices" that scared subordinates. Gilborn (2006:319-320) writes that White supremacy surfaced through the exercise of power and domination; manifesting in various ways. The loud voice therefore seemed to contain an element of control. Furthermore, White supremacy was not necessarily a right wing group but might have manifested through structures of power and policies that upheld the interests of White people.

There were differing views regarding the role of class in the process of promotions most of which relate to the discussion in Section 6.2.3. However, class was found to be influenced by one's environment. A rural and township upbringing was perceived as limiting the exposure of a candidate. Gardiner (2008:7) confirms that rural and even some township schools lacked infrastructure such as decent classrooms, telephone and internet services and water and electricity supply. Poverty and unemployment that were rife in rural areas influenced the quality of education that was provided.

The poor candidate who had applied for what was considered as a lower category job seemed to elicit altruistic feelings in the selection teams. Seabrook (2007) writes that poverty seemed to evoke charitable instincts in those selection teams, ultimately swaying them to assist via altruistic acts. The privileged person with the power to give, has little to lose, and experiences a sense of elation by doing well.

6.3.2.7 Gender – complexities in a predominantly female profession?

The findings of the study revealed a tendency amongst males to want to be in command. As explained in section 6.2.3, although nursing is a female-dominated profession the male-female ratios of the EEA reports reflect a closer ratio than the male-female ratios of the statistical data of the South African Nursing Council (SANC). This meant that males occupied more managerial positions than females when compared to the ratios of the SANC. Furthermore, Williams (1992:253) found that men occupied more managerial positions in female-dominated professions and that the careers of male nurses were more progressive than those of female nurses. Msomi (2006:106-107) writes that in various African cultures men are regarded as superior to females; that females are expected to be more submissive and that these cultural ways or gendered hierarchies were carried over to the workplace ultimately benefiting men and marginalising females.

Furthermore, the findings of the current study revealed discriminatory behaviour enacted towards a female by a male manager presumed to be gay. As mentioned in Chapter 2, only one research article could be found on hetero-negativity (White & Franzini, 1999:65) but a Google search revealed various court cases reflecting discriminatory behaviour practiced by a group of gay managers towards heterosexual people in the workplace (Lavigne, 2017; Marcus, 2010; Greg, 2012). Sabin, Riskind and Nosek (2015:1831) found that healthcare providers themselves tend to favour their own kind in terms of sexuality i.e. hetero-sexual healthcare providers are biased towards gay or lesbian people than to hetero-sexual people while gay and lesbians tend to favour other gay and lesbian people above heterosexual people. It therefore appears that the notion of sameness could have elicited discriminatory behaviour in the workplace.

What was profound in the case of hetero-negativity that transpired in the current study (first sentence of previous paragraph) was that the bureaucratic system at this particular hospital made it difficult for the participant to lay a charge as the manager of the human resource department apparently refused to accept the written documentation reflecting the complaint. In addition, as mentioned in Chapter 5, Section 5.3.7, all cases reflecting unsound practices to enhance the promotion of males happened in the public sector, suggesting loopholes in the

promotion systems of the public sector or deliberate managerial misconduct. A report of the Public Service Commission (s.a) on the investigation of misconduct in the public sector for the period 1996-1998 showed a steady increase in the reporting of cases reflecting misconduct. The report reflects a total of 5 cases in the public health sector with the most reported in the Department of Home Affairs. i.e. 332 cases. The cases mentioned reflect individual cases where charges were laid against a person working in a government department and therefore do not reflect all corruption or misconduct cases.

Franks (2014:50) writes that the post-apartheid government did not fulfil the commitments as stated in the Reconstruction and Development Plan. The Reconstruction and Development Plan (African National Congress, 1994:127) stated that the recruitment and appointment of government officials in the new South African would be accompanied by training and support to ensure a sound public service system. Franks (2014:50) postulates that the support and training did not materialise and that the idea to promote those with potential created a loophole whereby people practiced nepotism; ultimately preventing the appointment of suitable qualified candidates.

Notwithstanding the acts of discrimination, the gap in the bureaucratic system that allowed the misconduct to happen seem to present structures of oppression whereby females were being marginalised in a female dominated profession.

6.3.2.8 Bias - comfort with kind?

Bias surfaced in White managerial figures who exhibited scepticism or distrust in newly appointed African female nursing service managers in the private health sector. Some of the incidents reflected disrespect for the African nursing service managers. Some comments received in the open-ended questions (see Chapter 4) also reflected uncertainty about the competencies of African nurses.

Tropp and Molina (2012:546) write that unconscious bias is often based on race as people tend to view individuals from their own group more favourably than those coming from another group. Their discontent with the other group thus constituted an attitude of prejudice towards the group, stemming from negative preconceived ideas of traditionally excluded groups such as people of African descent (Bendick & Nunes, 2012:240). In addition, Roscigno *et al.* (2012:706) found that the disrespectful treatment of people of African descent leads to continuing feelings of uneasiness as they were often subjected to heightened scrutiny, additional duties and intimidation.

Furthermore, hierarchical issues between manager and followers again surfaced with managers expressing negative attitudes towards subordinates with which they did not have good relationships, eventually diminishing the possibility of the subordinate to be promoted. Erdogan, Kraimer and Liden (2002:F6) found that staff members who had good relationships with their immediate supervisor were more satisfied with their jobs and careers than those who did not have good relationships with the immediate supervisor. Findings of a study completed by Singh, Kumra and Vinnicombe (2002:80-86) found that employers who engaged in networking, job performance, and ingratiation and made themselves heard tend to be more successful with promotion than colleagues who merely focus on job performance. Their findings suggested that merit was considered less important and those who aspired to be promoted should make concerted efforts to also impress and have a good relationship with their supervisors.

Various participants related that they suspected that the ideal candidate was identified prior to the selection interview and that the interview as just a formality. Bresler (2014:4) reports that influential people could identify the ideal candidate beforehand and ensure that the advertisement was adapted to include the qualifications of that particular person. The author averred that this practice could influence the morale of the other candidates and the legitimacy of the recruitment and selection processes. Furthermore, by showing a keen interest in a certain candidate, selection reviewers were resorting to favouritism which again was not a morally sound practice (Arasli & Tumer cited in, In-Pang Fu, 2015:3).

Information contained in the factsheet on irregularities of the Public Service Commission (2016:4) indicated that fairness in the recruitment and selection processes was enhanced through an advertisement that clearly outlined the job description and the accompanying requirements for a position. In addition, human resource officials had a duty to ensure the recruitment and selection processes were in line with legislation such as the Constitution of the Republic of South Africa, 1996, the Employment Equity Act of 1998, the Labour Relations Act of 1995, the Public Service Act, of 1994 and any other applicable law.

Participants in the private sector indicated that the use of an interview guide and the discussion that followed the interview served to limit bias and enhance fairness in the selection process. Moreover, it was required that a motivation be written for the appointment of a non-employment equity candidate in the absence of a suitable employment equity candidate. Keil (2005:38) recommends that staff members who dealt with recruits had good social skills and life experiences that could enable them to deal efficiently with diversity. The author further

advises that the recruitment teams be racially diverse and educated in the recognition of talent and the acknowledgment of diversity.

6.3.2.9 Health care – business as usual?

White medical doctors who were stakeholders seemed to influence the appointment of managerial figures at certain private hospitals in traditionally Afrikaans speaking areas. The findings suggested that these doctors preferred White nurses in managerial positions. Although the arguments for the preference of the White nurse were accompanied by the notion that the person appointed should be able to converse in Afrikaans, the African nurse leader who was fluent in Afrikaans, experienced resistance and her competencies were questioned. The findings therefore point to the view that White females were superior supporting the idea that there was an intersecting influence of gender and race on the promotion of the female of colour.

Cook and Glass (2009:400-402) conducted a quantitative study to assess the reaction of share prices to the appointment of White people in comparison to those when a person of African descent was promoted to a managerial position of a company. The findings of the study showed that the market reacted more negatively to the appointment of people from African descent than to the appointment of White people. The authors averred that the shareholders were more sceptical about the ability of those of African descent to lead companies. Their findings further showed more negative reactions when people of African descent were appointed in junior managerial positions and more positive if the appointment were made in top positions. However, the market remained steady to the appointment of White people in any managerial position.

6.4 SUMMARY

The appointment of the female of colour to senior managerial positions in Gauteng in the private health sector happened in 2014 and has yet to take place at the participating hospitals in the WC, suggesting delayed implementation of the EEA in the WC and Gauteng.

Furthermore, the females of colour who had been promoted to senior managerial positions possessed higher qualifications than White females who occupied similar positions. Irrespective of their qualifications, the competencies of the female of colour were viewed with scepticism. Females of colour on the other hand were also more sceptical about the openness, fairness and transparency of promotion systems whereas participants who occupied managerial positions were more convinced that promotion systems were indeed open, fair and transparent.

African participants were also more convinced that management at their respective institutions placed more value on the competencies of White nurses. The African participants in the public and private sector of the WC expressed anger at their low representation in managerial positions in the province. The responses to open-ended questions and the interviews revealed that African nurses were treated with disdain in the workplace and were stereotyped as incompetent. Moreover, White male doctors in predominantly Afrikaans speaking hospitals seemed to prefer White nurse managers above the females of colour.

Coloured participants in the WC expressed anger at the appointment of Africans to managerial positions. Coloured participants were also more convinced that the implementation of the EEA did not improve gender relationships in the workplace. The latter could relate to the appointment of males in managerial positions without all of them having obtained the minimum score of 50% in the selection interviews.

Males were more convinced that White nurses were favoured with regard to promotion and were less convinced that African, Coloured and Indian nurse received training that would enable them to be promoted.

Furthermore, it was revealed that not all the selection panels were diverse in terms of race due to a lack of diversity in management at some institutions in both the private and public sectors. The researcher concluded that that candidates might be disadvantaged by an unequal – sometimes prejudiced - panel. Findings further exhibited questionable promotion systems discredited by interview questions being revealed before the time, favouritism and nepotism.

In addition, English as the business language seemed to serve as a barrier to the appointment of the female of colour as not all candidates were proficient in English. Some nurse leaders commented that a lack of confidence hindered the promotion of the female of colour.

The following chapter contains a presentation of the integrated findings of the study.

CHAPTER 7

THE INTEGRATED FINDINGS OF THE STUDY

7.1 INTRODUCTION

The previous chapters, in chronological order, represent the background of the study, a review of literature, the research methodology, the quantitative results and the qualitative findings of the study. Chapter 7 contains a presentation of the integrated findings of the study. The findings were integrated through the development of inferences and then meta-inferences, i.e. theoretical statements inferred from the quantitative and qualitative findings. The process of developing the meta-inferences is explained in Chapter 3.

The layout of the chapter is aligned with the process of merging the findings. The content of the chapter is therefore presented in the following order:

- Background on inferences and meta-inferences as applied
- A narrative of inferences derived from the quantitative results (objectives 1 and 2 of the study) – the complete analysis may be found in Annexure I
- A narrative of inferences derived from the qualitative findings (objective 3 of the study) – the complete analysis may be found in Annexure I
- The inferences and meta-inferences as pertaining to race, gender and class, as well as a small number of other matters deduced from the data.

7.2 BACKGROUND: INFERENCE AND META-INFERENCE

In general, the development of meaningful inferences and meta-inferences is considered a critical final step in mixed methods studies (Creamer & Tendhar, 2015:60; Onwuegbuzie & Johnson, 2006:53; Tashakkori & Teddlie, 2008:16-19). It is postulated that mixed methods provide a unique space for the development of inferences, as Peter (2010:140) indicated, that the integration of quantitative and qualitative data provides “for richer and more valid inferences” and that “the integration thereof is perceived as good and rigorous research practice”.

It is however important to note that this integration process and the development of inferences is never concluded (Onwuegbuzie & Johnson, 2006:46). The substantial body of data creates challenges in the reflection process that deliberates upon the range of findings, relationships, conditions and real or perceived boundaries.

7.2.1 Definition of inferences and meta-inferences

For the purpose of this study, inferences refer to the logical, interpretive and credible conclusions derived from the quantitative and qualitative data separately, followed by the

integration of the two sets of inferences into meta-inferences. These inferences are meant to provide a holistic view as well as an enhanced depth of understanding and explanation while the data is validated.

7.2.2 Reasoning

The reasoning was considered to be deductive, inductive and abductive – accepting that the development of inferences is both a process (explicit steps taken to create meaning and demonstrate transparency) and an outcome (the actual inferences as formulated). Annexure I illustrates the culmination of the quantitative and qualitative inferences and Tables 7.3-7.6, the process and outcome of developing meta-inferences. The researcher found that in the process of developing meta-inferences, many of these resulted from the concurrence or convergence of two sets of inferences, whilst a smaller number of diverging meta-inferences also came to the fore.

7.2.3 Validity of inferences

Within the literature, two frameworks exist whereby the validity of inferences can be assessed. The one is the Validity Legitimation Framework by Onwuegbuzie and Johnson (2006:57), whilst the other is the Expanded Framework, Interpretive Rigor, as postulated by Tashakkori and Teddlie (2008:16-19). The Interpretive Rigor Framework was used as it is specifically focussed on the validity of inferences.

The five criteria as postulated are discussed within the context of the study:

i. **Interpretive consistency** - The final process and outcome of meta-inferences was aligned to the theoretical framework by using race, class and gender as key domains. To enhance consistency between the findings and the inferences, the inferences of the quantitative findings were initially listed according to the flow of the questionnaire, thereafter re-organised to reflect the domains of the framework (race, class and gender). The qualitative data were unpacked according to the themes and subthemes and thereafter also unpacked according to the framework. Then similarities and discrepancies across the two sets of data were determined. This process required continuous reflection between the two sets of data. In cases where the researcher was unsure as to whether a similarity existed, the supervisor was consulted to ensure that findings were not being distorted. Although the inferences are in essence differently constructed from the data collected, the researcher endeavoured to remain as close to the voice as transcribed and categorized.

ii. **Theoretical consistency** - The researcher checked whether the inferences were consistent with the findings of other empirical studies or current theories in the field. Therefore, the findings of the current study were compared with the findings of other studies that had

similar objectives and where necessary, the findings of literature that mirrored those of the current study. Literature control as it relates to the findings of the study is presented in Chapters 2 and 6.

iii. Interpretive agreement - The researcher carefully carved inferences as deduced from individual's responses and across participants. To further enhance interpretive consistency, the researcher spent considerable time and effort conversing with the supervisor and with an uninvolved researcher with substantial experience in Qualitative and Quantitative Research methodologies. These conversations continually centred around interpretation and re-interpretation.

iv. Interpretive distinctness - The South African nursing human resource management context across the two provinces as studied provided interesting and meaningful inferences that are considered descriptive but unique in context. The inferences as postulated, are considered unique and different from other interpretations and explanations.

v. Integrative efficacy - The researcher endeavoured to integrate each inference into a meaningful meta-inference, and where not possible, indicated it as such. These could be considered to be diverging meta-inferences.

7.3 SUMMARIZING THE QUANTITATIVE RESULTS TO DRAW INFERENCES

The presentation of information is aligned with the flow of the questions contained in the questionnaire; therefore, also aligned with the flow of results as presented in Chapter 4. The quantitative inferences as derived from the questionnaire are summarised in Annexure I and here in Table 7.3. What follows is a brief highlighting of important findings from this data in terms of race, gender and hierarchical relationships as well as aspects related to the credibility of the promotional process, other forms of discrimination and professional development.

Upon completing the initial summary of the quantitative data, as presented in Section 7.3; these inferences from the quantitative data were tabulated according to race, class and gender. The table i.e. Table 7.1 is available in Annexure I.

7.3.1 The influence of the application of the EEA on race, class and gender

Participants believed that the Act in general improved **racial, gender and hierarchical** (class) relationships. The nuances of agreement are however important, for example the Coloured group was the most divided on whether the application of the EEA truly assisted in improving racial and gender relationships.

Another observation relates to the health care sector and subtle indications of provincial differences. In terms of race, participants in the WC public sector expressed apprehension re the appointment of Africans in managerial positions, whilst their counterparts in Gauteng espoused an awareness of the absence of diversity in managerial positions. If one reflects on the private sector, Africans expressed concerns re the low presentation of Africans, whilst in Gauteng, participants in general, expressed satisfaction with the application of the EEA. Of course, some participants would have indicated the opposite.

Within the context of gender in the public sector, it filtered through that the increased appointment of males in managerial positions may have had a negative influence on relationships in the workplace. It was also mentioned that more respect was being showed towards male nurses. Some participants in the private sector, on the other hand, commented on female domination in managerial positions.

If we reflect on **hierarchical** relationships, an improvement was also observed. Here, Indian participants were the most positive, followed by the Coloured group. The White group was however less convinced and so were PNs compared to managers. In terms of **promotion**, it seems as if African, Coloured and Indian nurses experienced improved promotion opportunities with again the Coloured group most divided. However, there were obvious concerns around autocratic leadership practices in the public sector, with seemingly unsound hierarchical relationships among nurses. In the private sector, the perception was that managerial duties were generally performed by Coloured and White staff members. Coloured participants expressed concerns about racial relationships and ascribed the tensions to the employment of African nurses. Within the private sector of the WC, participants expressed an urgent need for improvement racial relationships.

The system also contributed to improved **gender** relationships according to the Indian group with the White group being slightly positive. Within the public sector of the WC concerns were raised about the promotion of males with a participant perception that males were more easily promoted. It seems as if in the public sector of Gauteng, more males were promoted successfully. However, the private sector illustrated an absence of males in senior managerial positions.

The promotion system as used currently, also seems to have improved **hierarchical relationships** with managers being more positive than professional nurses. However, fairness within the promotion system was questionable and it was believed that the situation had worsened among all the race groups except the Indian group who generally held different

views. Managers were convinced that the promotional systems were fair, contrary to the views of professional nurses. Some participants considered the frequent promotion of Africans a negative reality. A number of participants in the public sector of the WC felt that this phenomenon lead to deterioration of the quality of service rendered.

Another concern raised in the public sector, was autocratic managerial practices and/or power plays. This was for example apparent in the power of the line manager over a participant who wished to apply for study leave or promotion. Within the private sector, participants mentioned punitive behaviour (being disciplined for minor mistakes) and little recognition bestowed to staff.

7.3.2 The openness, fairness and transparency of promotion

In general, participants considered promotional opportunities to be open. They were however, not that convinced of the fairness and transparency of promotional systems. The African group was least convinced about the openness of promotional opportunities (such as the limited transparency of advertisements for promotion), whilst the Coloured and African groups were the least convinced that promotional processes were fair. It was true that managers were more convinced of the fairness, transparency and openness of the systems and processes.

Within the private and public sectors, participants expressed uncertainty around the promotional process and were concerned about a lack of succession planning and of preparing candidates to be appointable. They indicated that succession planning was rather selective and focussed on certain individuals which smacked of favouritism and the pre-identification or horizontal movement of candidates. There was also an absence of feedback on promotional outcomes. In essence, the notion of selective recruitment and appointment practices was communicated by participants. This notion was further influenced by perceptions of nepotism that involved influential persons. Participants were also unhappy when they were appointed in acting positions such as that of unit manager and then another person was appointed to that same position eventually.

In conclusion, race-based favouritism pertaining to opportunities for staff development, promotion and empowerment was highlighted by participants from both sectors.

7.3.3 The role of race, class, gender and the EEA on new promotional opportunities

In general, participants were concerned about the role of the EEA on promotion, specifically the Coloured and White groups. They felt that **race** will play a role should new promotional opportunities arise. The Coloured group in the public sector in the WC appeared to be rather

anxious about the appointment and promotion of African nurses. In the private sector of the WC, African participants appeared to be angered by their low representation in managerial positions whereas White participants were concerned that race would take precedence over educational and experiential preparedness for the position and personal ability. Participants in the private sector in Gauteng were also concerned about the role of race in promotions but in a less expressive manner.

In general, participants - specifically the Indian and White groups - did not think that **class** could influence promotion. However, the Coloured and African groups were concerned about the possible role of class, but were divided. The influence of class surfaced further when African nurses in the public sector in the WC were ostensibly viewed as inferior. The concerns among those in the public sector in Gauteng related to unsound promotion-related matters such as bribery, preferred relationships and affiliations with social clubs that might have influenced decision making.

Interestingly, few concerns about the role of gender on promotion surfaced, except among the Coloured group. It was also raised that males were promoted irrespective of their poor performance in the interview. Within the public sector in Gauteng, a mixed image came to the fore with some indicating favouritism and others non-favouritism towards males. Favouritism towards males was also a Gauteng private sector concern that emphasized that there was better remuneration for them.

7.3.4 Promotion and The Employment Equity Act - Perceived successes and failures

Most groups were of the view that African, Coloured and Indian nurses occupied leadership positions - with the White group the most and the African group least in agreement. The African group perceived that Coloured nurses were favoured in the public sector in the WC. Coloured participants, on the other hand, seemed not to value the implementation of the EEA and indicated that African nurses were essentially favoured through the EEA.

It seemed as if African, Coloured and Indian nurses were encouraged to apply for promotion with the White nurses most convinced thereof and the African and Coloured group to a lesser extent. African participants specifically, commented on their low representation in managerial positions in the private sector of the WC and that they were not encouraged to apply for promotion. African nurses explained their dominance in the public sector in Gauteng as being related to the geographical profile of the area.

Most participants were of the view that African, Coloured and Indian nurses were supported to be successful when there were promotion opportunities, via education, for example. However, nurses in the African group and males, in general, were not convinced thereof. Nurses in the public sector in Gauteng mentioned that some staff members participated in training not relevant to their positions while some argued or complained if they were not granted opportunities to study. Obtaining study leave seemed to be a bone of contention for African, Coloured and Indian nurses in both sectors. Some nurses in the private sector of the WC indicated that the granting of study leave was race-based and that Whites were more successful than Africans.

Most White nurses were quite sure that African, Coloured and Indian nurses were successful when applying for promotion. These groups themselves appeared to be less certain about being successful. However, nurses in the private sector in Gauteng were of the opinion that White nurses were preferred for managerial positions and that they were more successful than females of colour.

7.3.5 Promotional practices and the over-consideration of a race group

It seems as if African nurses were considered for promotion more than others, especially according to Coloured and White participants. Nurses in the public sector in the WC appeared to be angered by the appointment of African nurses and provided the view that efforts to apply the EEA were not well received. African nurses in the private sector in the WC were outwardly considered to be less productive or competent and not so clever yet they displayed a sense of entitlement due to employment equity legislation.

While most participants indicated that Coloured and Indian nurses were not over-considered for promotion most groups were convinced that promotion practices favoured White nurses. By and large, African nurses were convinced that White nurses were favoured in promotion practices. White nurses were the least convinced that they were given preference for promotion. Males were again more convinced than females that White nurses were favoured during promotion. There were also views in the private sector in Gauteng that White nurses were preferred for managerial positions and that Africans were considered for lower positions.

7.3.6 The perceived influence of a middle-class background on the success rate of promotion

Participants were generally less convinced that a middle-class background, irrespective of race, influenced the success rate that nurses had of being promoted. Coloured and Indian nurses were most convinced that a middle-class background had limited influence on the career successes of White nurses. Other views suggested that promotion was based solely

on race and that since Africans were viewed as inferior, African nurses worked hard to be promoted. The PNs were however more convinced than managers that a middle-class background influenced the success rate of the promotion of Indian and White nurses.

While some nurses suggested that a middle-class background had no influence, others indicated that a classy background, language proficiency, eloquent speech and sound conduct counted. Those in the public sector in Gauteng indicated that promotion among African nurses was apparently influenced by affiliation with social clubs, political parties and family ties.

7.3.7 The probability that a working-class background influences the success rate of promotion within the various race groups

Most participants, irrespective of race, and mostly White nurses, did not deem that a working-class background influenced one's success rate in terms of promotion. White and Coloured nurses were also least convinced that a working-class background could influence the success rate of White nurses to be promoted. There was also the notion that White nurses tend to regard themselves as superior and would not consult African nurses if they were not knowledgeable about something.

In general, nurses in the public sector in the WC appeared to be more certain that a working-class background did not influence promotion. Nurses in the private sector seemed to differ and indicated that it did play a role since a working-class background related to one's ability to maintain standards and the image of a leader.

Nurses in the public sector in Gauteng related that since predominantly African nurses were employed at the hospital it was difficult to tell. On the other hand, there appeared to be the notion among those in the public sector in Gauteng, that family ties representing high socio-economic status tend to pave the way to higher positions.

However, in terms of gender, males were sure that a working-class background influenced the success rate of all nurses with promotion, irrespective of race. Professional nurses too hold similar views and were more certain than managers that a working-class background could influence the chances of Indian and White nurses to be successful with promotion.

7.3.8 The value that management places on the competencies of nurses according to race

In general, nurses from both sectors expressed that management placed least value on the **competencies of African nurses**; that they were employed merely in an effort to adhere to

the EEA. In both sectors, African nurses themselves also experienced situations where they were viewed as being less competent.

Qualified African nurses were evidently not granted opportunities to engage in specific tasks. The lack of exposure therefore limited their experiences. Less qualified Coloured and White nurses were apparently employed in managerial positions. African nurses were granted opportunities to engage with the practical side of what was required, whether clinical or managerial. Development and empowerment at hospital level seemed to contain discriminatory elements.

The **competencies of Coloured nurses** were seemingly more valued by management according to Coloured and Indian nurses. White nurses were however less in agreement that more value was placed on the competencies of Coloured nurses. At times, Coloured nurses were also viewed as incompetent.

There seemed to be a general belief that managerial structures valued the competencies of **Indian and White nurses** the most. These views were held commonly by African nurses, followed by Coloured and Indian nurses. The White nurses themselves were the least convinced that the management of their respective facilities placed more value on their competencies. There was also the understanding in the public sector that White nurses were viewed to have more value since they were privileged by their superior school background and the mere fact that they were White. There were also claims in the private sector that White nurses received preferential treatment, were better remunerated (even if they were less competent), that doctors preferred White nurses and that mistakes committed by White nurses were viewed with a softer lens. However, Africans who committed mistakes apparently received harsher punishment.

Perceived favouritism and tribalism seemed to be real as cited by participants from the public sector in Gauteng. However, comments from both sectors also signified a positive view of how the respective hospitals were managed, that matters related to promotion and staff development were sound.

7.3.9 Discrimination based on age, gender, marital status, race, disability, sexual orientation, religious beliefs and any other issues

General view: Racial discrimination was frequently reported, followed by age discrimination and other forms of discrimination as indicated by the participants themselves. More males than females reported experiences of discrimination, with particularly Africans reporting experiences of discrimination in terms of religion.

Age: Young PNs seemed to receive less respect from older staff members; their requests were apparently disregarded; and they were assigned additional tasks since they were “young”. Some staff members were sceptical of the PNs competencies. However, older staff members were apparently less likely to obtain promotion and to be granted study leave; their years of experience and maturity were apparently not acknowledged. At times, African nurses were exposed to discriminatory behaviour when they were given additional workload, being addressed in Afrikaans or when preference was given to White staff members.

Gender: There was a distinct notion that males were increasingly promoted and perhaps also better remunerated. However, males in the private sector were seemingly less successful with promotion.

Marital status and parental responsibilities: Managerial structures were apparently not very receptive to the personal circumstances of a staff member that could impact on their presence at work and therefore create staffing issues. These personal circumstances included requests to be at home due to parental responsibilities. Furthermore, staff members who had children were less likely to receive study leave since the fact that they had children could interfere with successful completion of the course. There was also the notion that staff pregnancies were not well received by management. For example, the promotion of a nurse was revoked when she had fallen pregnant. Nurses who were single with no children and those who were married with grown-up children reported experiencing discrimination pertaining to their applications for time off. They had to work during school holidays and were allocated tasks that did not fit married staff members with school-going children. Also, applications for compassionate leave were not well received.

Race: White nurses seemed to experience discrimination due to the implementation of the EEA and have missed promotion opportunities. White seniors were apparently granted less respect and some White nurses reported experiences of reverse discrimination.

Africans also reported that they were respected less than others and that less competent White staff members were granted more respect. For example, certain White nurses did not return the greeting of an African nurse. In order to be granted respect, African nurses had to work harder, have better qualifications and be more skilled.

African nurses in the public sector in the WC were seemingly not granted exposure to managerial duties and reported that the immediate manager would communicate with Coloured junior nurses and avoid the African PN. A female of colour who worked in the private

sector indicated that she was not promoted despite many years of experience as a shift leader. Other views demonstrated that Africans were favoured above other candidates of colour.

It also appears that the competencies of African nurses were not trusted by visitors; that visitors seemed to trust Coloured and White staff members more. African nurses were also perceived as not being very intelligent. African nurses themselves related that they were viewed as being less intelligent and less competent simply due to their being African.

Furthermore, White doctors apparently preferred to complete doctor's rounds with White nurses and were less receptive to African nurses and afforded them less respect. Certain White doctors would complete their rounds speaking Afrikaans; subsequently non-Afrikaans speaking nurses found it difficult to understand them.

Tribalism surfaced again in the public sector in Gauteng since decision-making surrounding promotion was apparently influenced by the ethnic group that one belonged to e.g. being Pedi, Sotho, Zulu. Decision-making regarding promotion was apparently also influenced by relationships, favouritism, being loyal to the company and being politically connected. There were also views that loyalists were more easily promoted and sent for further education. Other views suggested that loyalists were denied promotion since managers depended on their competencies as they might not find a replacement if the person was promoted.

Disability: Nurses who suffered from back problems were apparently at risk since staff shortages limited the availability of additional staff who could assist the affected nurse and prevent potentially aggravating situations. In addition, the physical condition of a staff member was not always considered when roles were assigned or placements made e.g. which ward to work in. Discrimination was seemingly evident in terms of who with physical problems, was accommodated in the workplace. White staff members with physical problems were apparently assigned tasks that fit their physical abilities while staff members of colour might not receive assistance in this regard. In addition, management seemed to be less receptive to absenteeism as a result of a nurse being ill.

Sexuality: Males apparently received preferential treatment and were more respected than females. In addition, patients and staff members in the public sector in Gauteng appeared to be uncomfortable with gay nurses and some viewed them as incompetent. The presence of hetero-negativity also surfaced in that a gay manager presumably encouraged the promotion of other gay staff members.

Religion: The African religion and culture were apparently granted less respect than the religion and culture of Muslims in the public sector in the WC. However, Muslim nurses in the public sector in Gauteng were ostensibly uncomfortable with other religions praying while on duty.

Other forms of discrimination: It again surfaced that in the public sector in Gauteng, socio-economic background and family ties seemed to influence decision-making regarding promotion. Language issues also seemed to contribute to discrimination as certain nurse managers in private healthcare seemed to value proficiency in English and appearances. The use of Afrikaans appeared to be problematic as those who were Afrikaans-competent did not consider others who were not proficient in Afrikaans. Managerial structures appeared to be indifferent to this situation but were not receptive to African staff who conversed in their ethnic language.

Other matters of concern related to doctors who were verbally abusive to nurses; staff shortages over weekends; and night shift being experienced as stressful.

7.3.10 Assessing competencies during the application for promotion process

There was a general view that competencies were not adequately assessed during the promotion process. Some views revealed that the interview method was not regarded as a reliable way to determine who should be appointed and that at times questions were ambiguous. Furthermore, the questions being asked did not address the assessment of competencies. Others related that qualifications and experience were not valued and that the best candidate was not always appointed. Some commented that being White; having good relationships with management worked in favour of the candidate and that experience and qualifications were rather insignificant.

Managers on the other hand, were more certain than PNs that competencies were adequately assessed during the promotion process.

7.3.11 Assessing the extent to which staff are exposed to career development opportunities

Several nurses held views that they were not sufficiently exposed to career development opportunities. Nurses in the public sector in the WC apparently struggled to attend career developing opportunities due to staff shortages and high workload. There were opposing views regarding the availability of career development opportunities. Some nurses in the private sector considered opportunities to be ample whilst others said these were minimal. Some

participants believed that opportunities for staff development were outwardly dependent on one's relationship with one's manager.

There was also a notion that qualifications seemed to be unfair to African nurses as those who were qualified were being ignored and not promoted.

7.3.12 Feeling empowered enough to occupy a leadership role

Participants generally felt that they were not empowered enough to occupy a leadership role - more so White nurses. African, Coloured and Indians appeared to feel more enabled to occupy leadership roles similar to managers who related that they felt more empowered than PNs to occupy leadership roles.

Other participants experienced a need for exposure to managerial activities, a chance to lead, empowerment, assistance with decision-making and mentoring. Those promoted related a need for orientation into the new role while another expressed a need for further training. Participants admitted their need for development but stated that staff shortages acted as a barrier to staff development as they were involved in clinical and administrative duties and did not have enough time for personal development. Those qualified in nursing management expressed a need for recognition to be appointed to managerial positions as promotion seemed to evade them for some time.

7.3.13 Developmental needs that will enable promotion

There was a general feeling that management should take the lead with regard to studies that could benefit managers and those who aspired to become managers. Some views reflected the need for managerial support in terms of development while others related that opportunities for development were deliberately withheld from staff members.

There appeared to be a need for training and development. These included training pertaining to computer literacy, financial aid pertaining to postgraduate studies, succession planning and guidance regarding elements of the promotional process such as the interview, assistance to obtain formal qualifications and exposure to managerial duties. It was also emphasized that this guidance be supported by mentoring and exposure to middle managerial duties. Participants were also of the view that notifications pertaining to short courses and in-service training be communicated in good time.

7.3.14 Personal obstacles that hamper successful promotion

Personal obstacles included factors such as responsibilities associated with having children; having to balance work and personal responsibilities; a lack of self-confidence and anxiety

pertaining to the selection interview; financial constraints; and not being granted study leave which meant that the participant was then not able to enrol for a course.

Promotion also seemed to evade those who held qualifications such as postgraduate degrees or specialities and individuals with many years of experience. Some nurses related incidents where there were elements of abuse or exploitation and stated that promotion might be deliberately withheld from those who were clinically very competent.

The presence of autocratic leadership surfaced time and again, affecting team work and exposing relationships that influenced decision-making regarding promotion.

7.4 SUMMARIZING THE QUALITATIVE FINDINGS TO DRAW INFERENCES

The presentation of the qualitative inferences is aligned with the flow of the themes as described in Chapter 5.

Upon completing this summary of the qualitative data, as presented in Section 7.4; these inferences were tabulated according to race, class and gender (the underlying framework). The table reflecting the inferences according to race, class and gender i.e. Table 7.2 is available in Annexure I. The first part of Table 7.2, available in Annexure J, reflects the clusters pertaining to race, class and gender. The second part concerns additional inferences pertaining to the qualitative findings that do not fit the context of race, class and gender. The reader is reminded that class in the context of the study represents not only class per se but also elitist groupings such as managers versus followers, managerial/organisational structures and processes and those working in these structures, rich versus poor, hierarchies of race as in the context of the apartheid regime, race as a social construct and other dominant groupings as explained in Chapter 2.

7.4.1 Promotion and appointment – a prickly pear?

Vacancies in public hospitals were advertised on the provincial website and in national newspapers. All applications were then weighted against the requirements stated in the advert; ensuring that those who fitted the requirements were therefore appointable. The list of appointable candidates was thereafter rank-ordered according to the directives of the EEA and the curriculum vitae of all applicants was evaluated by the panel as a whole. The selection panel in the WC was diverse in terms of race and gender. However, a racially diverse panel was not always possible in Gauteng since management was mostly African.

Vacancies in the private sector were advertised via the respective company's website. Certain companies used advertisements in newspapers and their websites for recruitment purposes. Depending on the seniority, the shortlisting of candidates for a position was completed by

nursing management alone or by both human resources and nursing management. The selection panel in private healthcare was seldom diverse in terms of race as most people in senior management were White.

Certain hospitals benefitted from managerial figures who were politically connected. These candidates were identified beforehand and deliberately appointed as the influence that the candidate had held financial advantages for the hospital in terms of the budget. On the other hand, officials at the provincial department of health at times were inclined to override appointments made by the selection panel. The preferred candidate of the provincial department then appointed someone who was connected with or affiliated to a specific political party.

Nonetheless, influence can take the form of influential political crusades, such as the so-called Afrikaner “Broederbond” mentality that encouraged Afrikaners to support the appointment of other Afrikaners within this group of influential people.

Questionable appointment practices came to fore when at times the interview guide reached some candidates prior to the interview - suggesting efforts to advantage certain individuals. At other instances panel members were chosen minutes before an interview and were therefore not familiar with the CV of a candidate or the interview guide. Furthermore, a chairperson also exhorted a panel member to provide a negative mark for a correct answer. The element of questionable appointment practices surfaced mostly in the public sector in the WC.

In addition, candidates with little to no managerial experience should ideally provide evidence of continuous professional development and what they had done to empower themselves. Moreover, candidates should measure themselves against the requirements reflected in the advertisement. It was also mentioned that at times candidates were not prepared for the interview and lacked knowledge about the company itself.

Nonetheless, the best candidates were not always those who managed to market themselves in the interview. Some of the candidates who managed an interview well were likely to struggle with the tasks at hand. Candidates who underwent succession planning and empowering support knew the system and had better choices. Subsequently certain participants considered it best to develop internal candidates to ensure a competent workforce. However, a particularly strong focus on the internal candidate could lead to diminished opportunities for EEA candidates with qualifications who required a chance for exposure on managerial level.

There was an obvious reluctance among White senior nurse managers (private sector) to appoint employment equity candidates who had the required qualifications but who lacked experience. African nursing service managers in the private sector seemed to be less concerned about experience but preferred a candidate to have formal managerial qualifications and were willing to assist with the development of such a candidate. The notion of formal qualifications was supported by evidence-based practice and a nurse academic in the leadership group since the tendency to rely on experience negates the value of education and evidence-based practice.

Previously disadvantaged candidates apparently struggled financially as some had extended family members to care for. They were therefore reluctant to apply for managerial positions as they depended on the allowances that accompanied the basic salary of a professional nurse. In addition, some of them were inclined to resign as they needed their pension pay-outs.

Some previously disadvantaged candidates were held back by a subservient upbringing that inhibited their progress to take up a managerial position. Others were apparently afraid of senior positions as in the apartheid era they were forced to consider themselves in subordinate roles; some evidently assumed that they would be unsuccessful.

7.4.2 The interview - counts and discounts?

The formal setting of a selection interview could be intimidating and being nervous could influence the performance of a candidate. Furthermore, not everyone would be interested in what the candidate was explaining. Others struggled to impress during the interview while some were not able to engage in formal conversations.

The method of assessment for candidates in the public sector depended on the seniority of the position. Candidates who applied for middle management or senior nurse management positions underwent a threefold assessment that included a presentation based on a scenario, a competency test that focussed on personality traits and the interview. The competency test was not a requirement for a middle management position but if necessary it might be applied.

Candidates in the private sector who applied for middle and senior management positions had to present a case study, undergo a psychometric test and an interview. Certain companies were satisfied with an interview and a psychometric test. An interview was considered sufficient with all positions below middle management.

The interview was conducted using an interview guide containing structural and technical questions that were job specific in order to determine competencies and experiences. Scenarios were also provided to further determine competencies in respect of managerial functions. Several nurse managers also explained a need to ask questions during an interview that would shed light on the personality of a candidate.

During the interview, females of colour were not always able to express themselves in English. Not being able to express oneself in English appears to have been a disadvantage. The recruitment policy of the public sector allowed candidates to be interviewed in a language that they were comfortable with. Yet the interview panel had to inform the candidate about this option. An interpreter should be arranged in cases where the language of communication was not English. A few nurse managers expressed their appreciation of the language issue as English was not the first language of many of the candidates.

The female of colour fared poorly in the interview when compared to the White female and was perceived lack self-belief and did not aspire to reach greater heights. While White nurse managers apparently did not understand the frame of mind of the oppressed, African nurse managers seemed to understand why the female of colour seemed to lack confidence. An African nurse manager ascribed the perceived lack of confidence to the legacy of apartheid where it was assumed that those of African descent were not intelligent. The African nurse manager also ascribed the applicant's poor performance in the interview to an inability to express her- or himself in English and to the inferior education system. Proficiency in English was considered important as the nurse manager communicated with doctors and patients.

7.4.3 The Employment Equity Act (EEA) - baby with the bath water?

The management of all institutions admitted to being engaged in concerted efforts to adhere to the prescriptions of the EEA and considered the monthly statistical data of the institution in terms of which of the racial groups were to be given preference according to category and level.

If none of the appointable applicants fitted the requirements of the EEA or band, the recruitment process was repeated. If the second round of recruitment was unproductive in terms of appointing an employment equity candidate, the best White candidate was appointed. In these cases, the nursing service manager provided a written motivation as to why an equity candidate was not appointed.

Nonetheless, institutions engaged in succession planning whereby potential candidates were exposed to managerial activities ultimately preparing them for managerial positions. There seemed to be a strong focus to develop the younger generation by means of succession planning. In these cases, managerial support and succession planning had a positive influence on the careers of employment equity candidates.

The implementation of the EEA was considered slow in the WC with few Africans in managerial positions thus endorsing the demographic profile of the province. However, the application of the EEA was apparently not a priority in the public sector in Gauteng as long as races other than Africans were not appointed. The dominance of Africans in managerial positions in Gauteng was ascribed to the demographic profile of the area.

Institutions in the WC and private sector struggled to find suitable employment equity candidates. Interest in the junior managerial position i.e. a unit manager was lacking. The remuneration package for this position at certain companies did not include a speciality allowance. The salary package served as a barrier to the recruitment of African nurses for this position. However, other companies that offered a salary package for unit managers inclusive of a speciality allowance also reported that there were few suitable employment equity candidates. It was apparently not easy to find suitable African candidates for managerial positions in the WC, but there appeared to be more Coloureds candidates. The person of colour might sometimes have the required qualifications, but lacked experience and was therefore not considered. Some nurse managers were reluctant to develop candidates from outside the company who had potential but required development. The process of finding and developing previously disadvantaged candidates was apparently not easy and required managerial support meaning that managers should be actively involved in the process.

7.4.4 Candidates, qualifications, experience and promotion – what works best?

An African participant in the WC with the professed required qualifications and extensive experience was denied promotion and did not receive any feedback. African participants with the required qualifications and experience were at times not shortlisted. Furthermore, employment equity candidates who fitted the job requirements were not always successful. Lacking the “Wow factor” and failing to impress in the interviews could jeopardized an applicant’s chances. In addition, relationships between candidates and their line manager could influence one’s chances of being successful.

Protocol in terms of advertising a promotional position was sometimes not always followed correctly. At times suitable employment equity candidates were merely appointed. If the

position was not advertised the person acting in the position was denied the opportunity to apply and objectivity was compromised.

On the other hand, not all employment equity candidates with experience were appointed. The example of one Coloured unit manager who required a transfer from the private health sector in Gauteng to the WC and was not accommodated at any of the private hospitals in the WC seemed to negate the argument that suitable employment equity candidates could not be found. Furthermore, there was a likelihood that African candidates were excluded due to the possibility of not being able to converse in Afrikaans.

The following trends were also noticed: Females of colour who commenced their careers in the eighties seemed to take longer to reach career heights compared to the White female who qualified in the same period. Females of colour who commenced their nursing career after the year 2000 in the private sector, seemed to reach career heights faster than those who commenced in the nineties. A variety of postgraduate qualifications seemed to benefit nurses employed in the public sector. In addition, participants who commenced their careers at smaller rural hospitals, seemed to be more successful.

Other trends that were noticed in the private sector in Gauteng include the tendency to appoint a candidate with a managerial qualification as a unit manager in a speciality unit and not a candidate with a speciality qualification. It was also noticed that internal candidates might not be adequately prepared in terms of what to expect and how to deal with the selection interview.

7.4.5 Racial discrimination - alive and well, unfortunately...

Racial discrimination tends to surface in hospitals situated in traditionally White Afrikaans-speaking environments and presented in that White Afrikaner doctors resisted the appointment of an African nursing service manager and displayed scepticism towards her competencies. Furthermore, White Afrikaner patients and families were uncomfortable that African nurses provided nursing care to them. In addition, White Afrikaner doctors seemed to prefer White nursing staff as they were less receptive to African nurses but accepting of White nurses. There were also instances where White doctors treated an African hospital manager with disdain. Consequently, incidents of overt racism seemed to influence decision-making when appointing people of colour at hospitals situated in traditionally Afrikaans speaking areas.

There were also experiences that underscored the paternalistic attitudes of White management that might have acted as a barrier to the implementation of the EEA as an African

candidate was requested to withdraw her application since the leadership considered that it was not the right time for her to lead, irrespective of her having the required qualifications and experience. African nurses in academia also seemed to be subjected to racial bias and discriminatory practices and related that the careers of White female academics were apparently supported by other White people with power. Other forms of discrimination related to tribalism whereby ethnic groups seemed to support the promotion of members of their own tribe. These incidents happened in the hospital environment and national nursing organisations.

7.4.6 Class - casting the dice?

Autocratic managerial practices were apparently displayed by nurse managers, reflecting a tendency to exert power over subordinates. Other managers displayed aloofness. The display of autocratic behaviour tends to limit the autonomy of subordinates. Some participants reported that there were White nurse managers who were apt to exert power by being loud and intimidating.

Different opinions were provided on the role of class. A number of participants related that the socio-economic background of the candidate did not influence an appointment but that competencies and experience were considered. Some related that merely a neat and professional appearance was valued during the selection interview. Other members of the selection team went further and related that class played a role in who was appointed. They seemed to believe that if the candidate lacked refinement and education it could hinder promotion. Class seemed to be related to communications skills and candidates with sound communication skills seemed to have an advantage.

Furthermore, it was mentioned that the candidates be made aware of specific shortcomings such as in refinement and should be supported in terms of grooming. The idea apparently was to appoint managers who had a confident manner of speaking and who were not noisy; as a loud noisy person was considered to be less classy. The belief was that a classy background as advantageous as it appeared to ensure that the candidate had the necessary education to enter the job market and be promotable. A rural or township background on the other hand, seemingly limited exposure and therefore opportunity for promotion. In addition, the ability to speak Afrikaans was advantageous for a position in a predominantly Afrikaans speaking hospital.

Lastly, candidates with an apparent poverty-stricken background applying for job categories such as cleaners were considered favourably as the appointing panel observed that there was a need to help the person by providing employment.

7.4.7 Gender - complexities in a predominantly female profession?

African males tend to shift their workload to women; revealing a tendency to dominate. The men then apparently ascribed their behaviour to their culture. It was also found that male nurses were apparently promoted at public sector hospitals irrespective of their poor performance in the interview. Furthermore, a male nurse manager manipulated the promotion system to appoint another male with no previous managerial experience into a middle management position. Male managers at the hospital initially refused to assist the female who declared a dispute.

7.4.8 Bias - comfort with kind?

There was tendency to treat African nurses with disdain. The attitude surfaced for the reason that less respect is bestowed to African females by White people in the workplace. Furthermore, a White nurse in a middle management position apparently supported a White candidate in an interview but showed annoyance towards an African candidate.

In addition, the quality of relationships between managers and followers apparently influenced decisions regarding promotion thus confirming the role of power. There was also an instance where an African manager displayed aloofness and was somewhat hostile towards a candidate, who was also African, during an interview. This particular employment equity candidate was unsuccessful despite possessing the required qualifications and experience.

Furthermore, bias in the private sector is apparently managed through a structured interview guide and the discussion among panel members after the interview. A strict appointing process was in place and was believed to limit the misuse of power. Bias in the public sector was managed by a diverse selection panel, structured interview guide, the presence of a custodian that oversaw the implementation of the EEA and a discussion post the interview.

A variety of other forms of bias surfaced. These related to instances where people tend to appoint those similar to themselves, e.g. managers who are Coloured appointed other Coloured people. A number of nurse managers also admitted to being biased towards males as they had experienced them to be lazy and therefore reluctant to appoint males. In addition, a number of unsuccessful candidates related that they were subjected to superficial interviews whereas, according to them, the pre-identified candidate had lengthy and in-depth interviews.

7.4.9 Health care - business as usual?

Stakeholders such as medical doctors seemed to have power as they assisted with income generation in private hospitals. White Afrikaner doctors appeared to prefer White nurses as managers. There also seemed to be a notion that the preferences of the doctors could not be completely ignored since their preferences could have financial advantages. However, efforts to consider the preferences of White male doctors possibly implied marginalizing the female of colour. It therefore appeared that the preferences of the doctors ought to be balanced with the directives of the EEA. However, the preferences of the doctors, in terms of race seemed to have an undertone of racism focused on people of colour. These situations were likely more profound in traditionally Afrikaans speaking hospitals.

There was also the notion that managers should have a pleasant physical appearance (be attractive) and be eloquent since these issues contributed to the image of the institution.

7.5 THE META-INFERENCES

The final stage of developing meta-inferences entails illustrating the inferences from both the quantitative and qualitative findings in relation to each other, searching for similar and opposing inferences across the two sets in an effort to integrate similar inferences and identify diverging findings of both sets. This process is illustrated in Tables 7.3 (meta-inferences pertaining to race); 7.4 (meta-inferences pertaining to gender), 7.5 (meta-inferences pertaining to class) and 7.6 (meta-inferences pertaining to other issues). Some of the findings are limited to the qualitative data as these were not addressed in the questionnaire. An example is the theme, "Tribalism and appointing own kind". In cases like these the meta-inferences were derived from the responses to the open-ended questions in the questionnaire and the interview data.

The grouping of data according to themes, related to the quantitative and qualitative inferences, as is displayed in Tables 7.3, 7.4, 7.5 and 7.6 indicates that at times the quantitative data reflects positively on matters whereas the qualitative data on the same theme would provide the imbedded concerns or contradictions. Consequently, by combining the more objective quantitative findings with the more subjective qualitative findings, a more in-depth and authentic picture about the phenomenon of interest was created as substantiated by Johnson, Onwuegbuzie and Turner (2007:122).

7.5.1 The meta-inferences pertaining to race

In terms of race, eight key themes surfaced. These related to the application of the EEA (the law), promotion success (successful promotion), the consideration of race in promotion (who

is considered), the relationship between race and competency (competent or not), racial discrimination (discrimination), confidence and language as imbedded in race (the personal self), tribalism and promoting own kind (promotion of own kind), and the availability of suitable females of colour (suitable women of colour candidates). Figure 7.1 provides a graphical illustration of the themes.

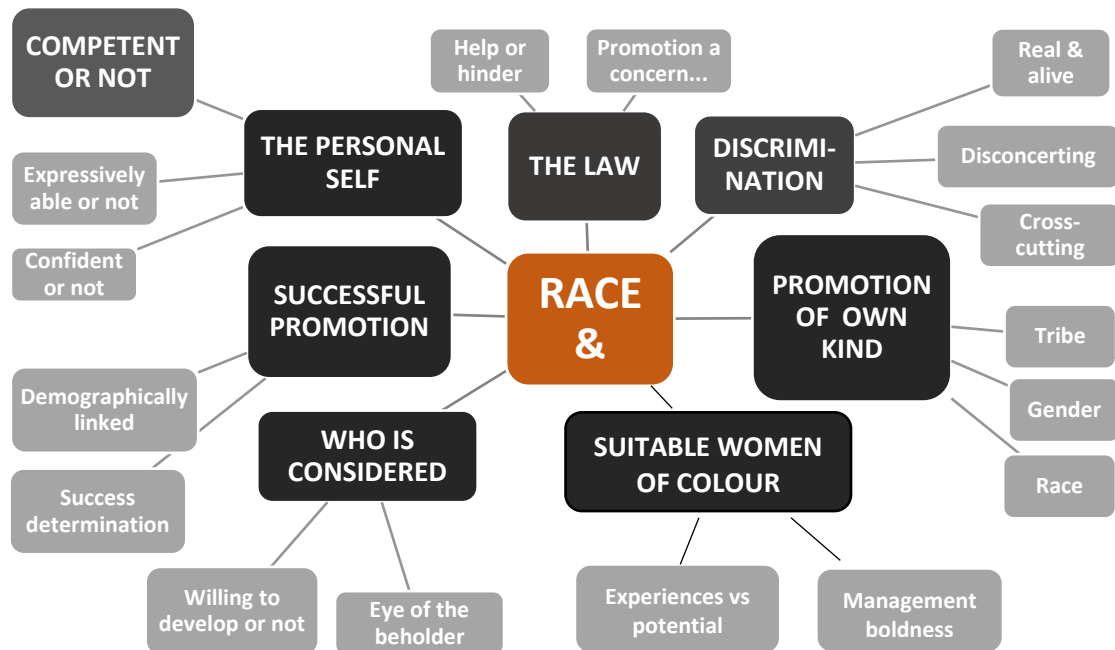


Figure 7.1: Diagram reflecting the themes contained in the meta-inferences pertaining to race

Table 7.1: Meta-inferences pertaining to race

THE META-INFERENCES PERTAINING TO RACE		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCES
THEME 1: RACE AND PROMOTION IN THE CONTEXT OF THE EEA		
<p>The EEA is said to improve racial relationships, however:</p> <ul style="list-style-type: none"> • The Coloured group is the least convinced. • The role and influence of race in the EEA is at the forefront in terms of promotion, with the Coloured and White groups specifically concerned. 	<p>Racial relationships are influenced in terms of who will benefit from promotion opportunities:</p> <ul style="list-style-type: none"> • Race seems to be a critical determinant of who will be appointed. • Women of colour are often overlooked, irrespective of credentials. • The implementation of the EEA creates discomfort, especially in the WC where both coloureds (having to “share” promotion opportunities) and Africans (promotion “evading” them) indicated such. 	<p>In terms of promotion, the implementation of the EEA influences racial relationships – on the surface it is considered to improve such, but deeper down, resentment and impressions of such implementation failing those it was meant for.</p> <ul style="list-style-type: none"> • The connection between promotion and race as a critical determinant in both the public and private sector, influences racial relationships. • The interchange between race and gender in the implementation of the EEA seems to negatively affect women of colour.
THEME 2: RACE AND PROMOTION SUCCESS		
<p>Nurses from previous disadvantaged groups do occupy leadership positions, and are encouraged to apply for promotion. They are also successful when applying for promotion.</p> <ul style="list-style-type: none"> • The White group was the most convinced. 	<p>Coloured nurses apparently dominate the filled managerial positions in the WC public sector whilst African nurses are said to be subjected to marginalisation in both the private and public sector. This marginalisation reaches into not being encouraged to apply for promotion and seem to lead to racial tensions.</p> <ul style="list-style-type: none"> • Private sector WC: Africans related that they are not encouraged to apply for promotion. Coloured nurses might be marginalised in the private sector. The subjective data from Gauteng (interview and open-ended questions) was also racially loaded but mostly in traditionally White Afrikaans speaking hospitals. 	<p>Race and promotion success are uneasy bedfellows – both in terms success and expectations. The promotion successes of nurses from previous disadvantaged groups seem to be related to the demographic profile of the province:</p> <ul style="list-style-type: none"> • Coloured nurses are seemingly successful in the public sector in the WC and to a lesser extent in the private sector. • African nurses are seemingly marginalised in both the private and public sector in the WC. • White nurses are most convinced of the success of previously disadvantaged groups and thus race as a determinant in promotion.
THEME 3: CONSIDERING RACE IN PROMOTION		
<p>Racial groups differ whether racial considerations over-exist in promotion practices:</p> <ul style="list-style-type: none"> • African nurses are apparently over-considered in promotion practices according to White and Coloured Nurses. • On the other hand, White nurses are over-considered according to African nurses. 	<p>The notion that African nurses are the preferred ones are contradicted with the notion that African nurses are not the preferred ones, but that White nurses are the preferred group for managerial positions.</p> <ul style="list-style-type: none"> • Interview data suggest that African nurses in Gauteng in the private sector are promoted but not well accepted by White people such as doctors, nurses and patients. 	<p>Race is considered in the process of promotion but racial groups view such consideration differently – effectively according to the eye of the beholder. Promotion according to racial lines does not guarantee acceptance.</p> <ul style="list-style-type: none"> • African nurses are promoted more often in Gauteng (private and public sector) than the WC. • However, although they are promoted in Gauteng private sector,

THE META-INFERENCES PERTAINING TO RACE		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCES
	<ul style="list-style-type: none"> The interview data of the WC suggests limited presence of suitable African nurses and the notion that they might be marginalized. The open-ended responses displayed lesser acceptance of African nurses in both sectors in the WC. 	African nurses are not well accepted due to a preference for White nurses in managerial positions.
THEME 4: COMPETENCIES AND RACE		
Management tend to value the competencies of White and Coloured nurses the most, whilst placing the least value on the competencies of African nurses.	<p>Both African and Coloured (to a lesser extent) nurses are viewed as less competent, whilst White nurses are perceived to be more valuable, better treated and apparently better remunerated.</p> <ul style="list-style-type: none"> Qualified African nurses are apparently marginalized while less qualified White and Coloured nurses are employed in managerial positions. White doctors apparently prefer White nurses A preference for competent nurses was voiced. 	<p>African nurses (and Coloured nurses to a lesser extent) are considered to be less competent as compared to White nurses</p> <ul style="list-style-type: none"> White nurses are valued irrespective of competencies.
THEME 5: RACIAL DISCRIMINATION		
Many African participants reported to exposure to racial discrimination, followed by Coloureds and White participants.	<p>Racial discrimination is experienced by and cuts across different racial groups:</p> <ul style="list-style-type: none"> White nurses experienced “missed opportunities” for promotion and racial discrimination due to the implementation of the EEA. African nurses reported to be treated with disdain by White nurses - this is especially true in traditionally Afrikaans speaking hospitals. Their competencies are questioned, doctors tend to resist their presence, they are given extra workload and are at times addressed in Afrikaans. Coloured nurses seem to have lessened opportunities in the private sector 	<p>Racial discrimination in the work place has an explicit, implicit and disconcerting presence for all race groups – leading to feelings of not being considered, not respected, and humiliation:</p> <ul style="list-style-type: none"> For the White nurses the implementation of the EEA mirrored and lead to racial discrimination. For the African nurses missed opportunities irrespective of the EEA are real, coupled with feeling not being respected for who they are and what they can do and being subjected to humiliating practices. For the Coloured nurses – hoping to find their place...
THEME 6: CONFIDENCE, LANGUAGE AND RACE		

THE META-INFERENCES PERTAINING TO RACE		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCES
Matters related to confidence and language were not included in the questionnaire but surfaced in the open-ended questions.	<p>Women of colour considered their ability to participate in promotional interviews not on an equal footing due to less self-confidence and less language proficiency:</p> <ul style="list-style-type: none"> Eloquent English is considered advantageous and limited English language skills a disadvantage in terms of self-expression. Managers (Coloured and White) considered women of colour to be less confident and less believing in self. African nurse managers tend to be empathetic and understands this concern as a by-product of the apartheid era when senior positions were not open to women of colour. 	<p>The use of a second or third language and being previously disadvantaged negatively influences language and self-expression comfort:</p> <ul style="list-style-type: none"> Women of colour may consider their English language proficiency a stumbling block in the promotional interview, and they may also lack self-confidence. African nurse managers tend to illustrate more acceptance and empathy in this context.
THEME 7: TRIBALISM AND PROMOTING OWN KIND		
Tribalism was not addressed in the questionnaire but surfaced in the responses to the open-ended questions.	<p>Racial discrimination may be an equal concern to the so-called "favouring members of own kind" – this may include preferences based on tribal connections, own gender and /or own race:</p> <ul style="list-style-type: none"> In Gauteng, tribal membership and connection seem to influence promotion outcomes. Males tend to promote other males Members of the Coloured community encourage the appointment of other Coloureds. 	The so-called favouring of members of own kind (with preferences based on tribal connections, own gender and /or own race) is real and playing an important part in promotional processes.
THEME 8: THE AVAILABILITY OF SUITABLE FEMALES OF COLOUR		
Issues related to the availability of suitable females of colour were not addressed in the questionnaire but surfaced in the responses to the open-ended questions	<p>A number of nurse managers and human resource officials, except African nurse managers and African human resource officials, related that a shortage of suitable females of colour is experienced. Data from the responses to the open-ended questions, candidates of colour and human resource officials/managers suggested other reasons such as:</p> <ul style="list-style-type: none"> African nurses in private healthcare related that they are not encourage to apply 	<p>The successful appointment of women of colour is also dependent on the boldness (will and ability) of nurse managers to develop women of colour as part of sound business principles.</p> <ul style="list-style-type: none"> The willingness of the African nurse managers to develop qualified candidates might explain why they do not experience a shortage Preference for experience versus potential: Those who are sceptical about developing the qualified candidate and prefer an

THE META-INFERENCES PERTAINING TO RACE		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCES
	<ul style="list-style-type: none"> Coloured nurses in the private sector indicated that they were unsuccessful irrespective of qualifications and experience, receiving insignificant feedback as to why they were unsuccessful An unwillingness seems to exist among some White nurse managers (private sector) to consider outside candidates with qualifications who require development/experience. African nurse managers (private sector) related a willingness to support those with qualifications and seem to consider qualifications instead of experience Various requests were received that qualifications be acknowledged 	<p>experienced candidate seems to be those who struggle to find suitable candidates of colour</p> <ul style="list-style-type: none"> The feedback given to the unsuccessful candidates of colour appears to be rather insignificant suggesting that the real reasons might be withheld.

7.5.1.1 Summary of meta-inferences pertaining to race

The meta-inferences pertaining to race show that it is debatable whether the implementation of the EEA had contributed to improved racial relationships in the workplace. In addition, the female of colour seemingly enjoyed more successes in the public sector than in the private sector. There was also distinct evidence that the some of the females of colour who were promoted in the private sector were not well accepted, specifically in hospitals situated in traditionally Afrikaans speaking communities. The findings further demonstrated that African nurses were generally perceived as incompetent whereas white nurses were believed to be competent. It is also evident the African nurse in traditionally Afrikaans speaking hospitals was subjected to overt racial discrimination that seemed to be ongoing. Other final conclusions point to sameness - to appoint those similar to yourself such as Zulu people appointing other Zulu people, males appointing other males. However, arguments of specifically Coloured and White panel members about a scarcity of employment equity candidates was contradicted by evidence suggesting other reasons why the number of female of colour who occupied managerial positions in the Western Cape and the private sector was low.

7.5.2 Meta-inferences pertaining to gender

The meta-inferences pertaining to gender comprise three themes i.e. gender relationships, sexuality and male domination. The themes are displayed in Figure 7.2. The integration of the two sets of data and the subsequent meta-inferences are displayed in Table 7.4.

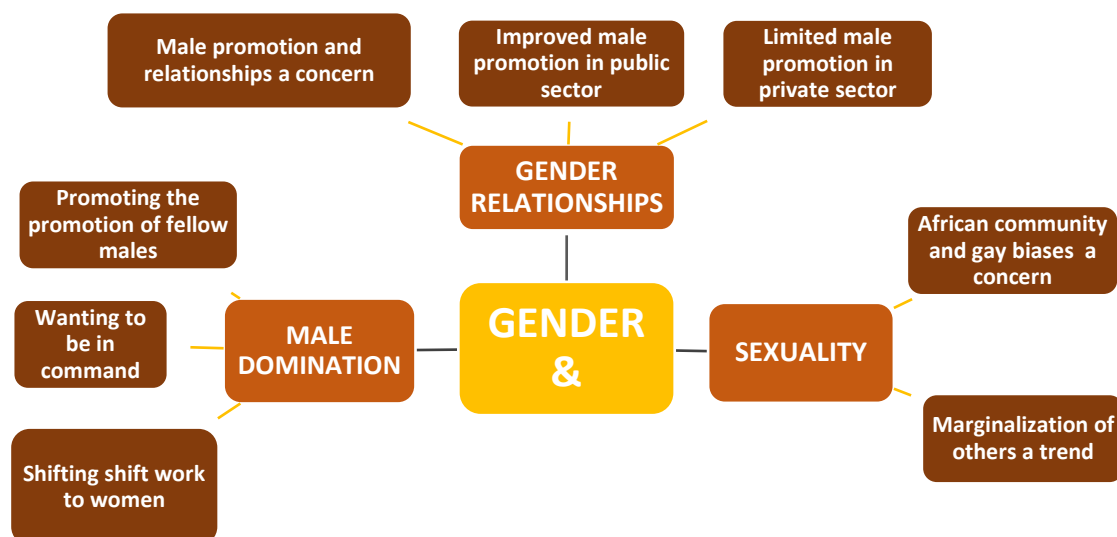


Figure 7.2: Diagram reflection meta-inferences pertaining to gender

Table 7.2: Meta-inferences pertaining to gender

THE META-INFERENCES PERTAINING TO GENDER		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCES
THEME 1: GENDER RELATIONSHIPS AND THE EEA		
Statistical data suggest that the implementation of the EEA contributed to improved gender relationships in the workplace. The Coloured group was less convinced	<p>The promotion of males seems to differ across sectors and provinces and perhaps be forced in the WC public sector, while improved in the public sector in Gauteng, yet delayed in the private sector</p> <ul style="list-style-type: none"> In the public sector in the WC males are apparently promoted regardless of a weak interview performance. An improvement is noted in the public sector in Gauteng There is an apparent absence of males in in senior managerial positions in the private sector. 	<p>An improvement in gender relationships is debatable as different promotion patterns are observed across sectors and provinces:</p> <ul style="list-style-type: none"> The apparent forced promotion of males could have worsened gendered relationships in the WC Improved promotion of males in Gauteng could have contributed to better relationships A shortage of males in management in the private sector could have implicated relationship building
THEME 2: SEXUALITY		
A small number of participants reported to experience discrimination due to sexuality. Hetero-negativity surfaced in the responses to the open-ended questions	<p>There is a notion that the traditionally African society has yet to accept gay people and that hetero-negativity could be present in the workplace and that management might not know how to deal with it.</p> <ul style="list-style-type: none"> Colleagues and patients in hospitals in more traditionally 	<p>Bias against and bias for gay colleagues is a concern</p> <ul style="list-style-type: none"> Bias pertaining to gay people seem to exist in the hospital environment in traditional African communities. Male managers perceived to be gay are seen to be pro the

THE META-INFERENCES PERTAINING TO GENDER		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCES
	<p>African communities seem to be uncomfortable with gay nurses.</p> <ul style="list-style-type: none"> Male managers presumed to be gay engage in questionable practices to encourage the promotion of other gay nurses, marginalising nurses who are straight. Management has yet to admit the presence of hetero-negativity and how to deal with it. 	<p>promotion of fellow-gay colleagues.</p> <ul style="list-style-type: none"> The presence of hetero-negativity and a perceived ineptness/indifference of management to deal with it reflects a need in managerial structures to be aware of the variety of discriminatory practices that could exist and to be pro-active in managing such.
THEME 3: EFFORTS OF MALES TO DOMINATE		
<p>Male domination was not addressed in the questionnaire. Males and females however differ meaningfully in how they perceive</p> <ul style="list-style-type: none"> Class - Males were more convinced of the influence of class on promotion Gender - Males were aware of the value (power) of training and felt that the female of colour does not necessary receive the training that will enable them to be promoted. 	<p>Males tend to dominate. Men tend to</p> <ul style="list-style-type: none"> Be seen as lazy and shift their workload to females, then ascribing their behaviour to culture Orchestrate the appointment of other males Display power/patriarchal behaviour, especially by White male doctors who tend to marginalise the female of colour 	<p>Males value power and knows how to obtain and use it. They engage in efforts that speak/point to domination/manipulation such as:</p> <ul style="list-style-type: none"> Shifting of workload to female Efforts to enhance the appointment of other males Efforts of White male doctors to marginalise the female of colour

7.5.2.1 Summary of meta-inferences pertaining to gender

The meta-inferences pertaining to gender centres around gender relationships, sexuality and a tendency of males to dominate. It was concluded that it was questionable whether the implementation of the EEA could have contributed to improved gender relationships as in certain institutions the promotion of males appeared to be rather forced, yet to be low in some while had improved in other institutions. A tendency was also noted among males to be more conscious of power and wanting to prescribe along their own preferences reflecting elements of a patriarchal stance.

7.5.3 Meta-inferences pertaining to class

The meta-inferences pertaining to class relate to eight themes comprising the role of class (being classy), discrimination due to age, being pregnant and disability amongst others (violating the rights of workers). Other themes included empowerment and leadership development, career development, assessment of competencies, hierarchical relationships (questioning relationship improvement) and the credibility of the promotion system. Figure 7.3

provides a graphic display of these meta-inferences. The development thereof is presented in Table 7.5

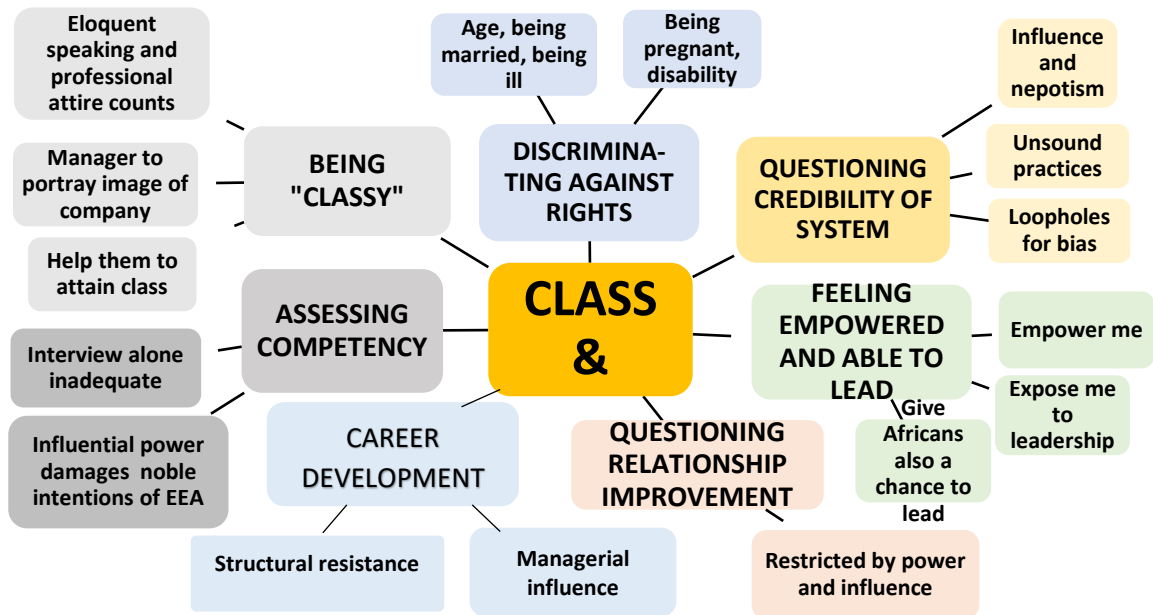


Figure 7.3: Diagram reflecting meta-inferences pertaining to class

Table 7.3: Meta-inferences pertaining to class

THE META-INFERENCES PERTAINING TO CLASS		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCE
THEME 1: HIERARCHICAL RELATIONSHIPS AND THE EEA		
<p>Statistically, the EEA contributed to an improvement in hierarchical relationships.</p> <ul style="list-style-type: none"> PNs were less convinced than managers that about the perceived improvement of hierarchical relationships. 	<p>The power imbedded in a management position might be detrimental to the careers of followers amid autocratic managerial practices and impaired relationships:</p> <ul style="list-style-type: none"> Some managers apply autocratic leadership practices that hampers relationships between managers and followers. The line manager has to write a motivation for staff members who apply for promotion and study leave. This power of the manager is seemingly used in negative way if the candidate does not have a stable relationship with the manager. 	<p>An improvement in hierarchical relationships due to the implementation of EEA is questionable and hampered by:</p> <ul style="list-style-type: none"> The negative influence of autocratic leadership practices The possibility that relationships might have influenced decision making regarding promotion and the granting of study leave.
THEME 2: THE CREDIBILITY OF THE PROMOTION PROCESS		
A clear distrust in the credibility of the promotion process exists. It is not considered fair and promotional	The credibility of the promotion process is compromised as decision making	The credibility of the promotion systems is questionable in both sectors and provinces and seem to contain

THE META-INFERENCES PERTAINING TO CLASS		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCE
<p>processes and outcomes not transparent.</p> <ul style="list-style-type: none"> All groups were doubtful of the credibility of the promotion processes, Yet African and Coloured groups were the most doubtful. Managers were more convinced than professional nurses that promotional systems are fair 	<p>regarding promotion is influenced by a numerous factor:</p> <ul style="list-style-type: none"> Favouritism, nepotism, relationships, affiliations with social clubs and political parties The presence of questionable selection practices (e.g. leaking of interview questions) CVs are not always evaluated by more than one person; at times selection panels are not racially diverse, suggesting that candidates be evaluated by an unequal panel. The notion exists that at times the preferred candidate was identified beforehand. 	<p>elements that might enhance and not curb bias. These include:</p> <ul style="list-style-type: none"> The perceived presence of influence and questionable selection practices. A unilateral approach to the evaluation of CVs and selection panels that are not diverse. Suggestions that the successful candidate was identified beforehand.
THEME 3: THE ROLE OF CLASS IN PROMOTION		
<p>Neither a working class nor a middle-class background influences promotion into managerial positions.</p> <ul style="list-style-type: none"> PNs were more convinced that a middle-class background assists with the promotion of Indian and White nurses. 	<p>Class is a complex phenomenon and valued and viewed differently.</p> <ul style="list-style-type: none"> Class to play a role or no role at all. Class is perceived in eloquent speaking, a professional attire and sound conduct. The professional appearance and conduct of the manager – which contributes to the image of the institution is valued. Candidates should therefore be informed of their shortcomings in this regard and assisted to overcome it. 	<p>Class in the eye of the beholder relates to eloquent speaking, a professional image and sound conduct that contribute to the overall chances of a candidate and the image of the institution.</p> <ul style="list-style-type: none"> Candidates should therefore be assisted in the attainment and management thereof.
THEME 4: ASSESSING COMPETENCIES IN THE PROMOTION PROCESS		
<p>Competencies are not adequately assessed during the promotion process.</p> <ul style="list-style-type: none"> PNs were less convinced than managers that competencies are adequately assessed 	<p>The interview method as a sole method do not meaningfully assess competencies – often successful candidate seems to be less successful in doing the work.</p> <ul style="list-style-type: none"> The latter is irrespective of job-related questions and scenarios that candidates need to respond to during an interview. Assessment of competencies for middle and senior managerial positions appears to be more in-depth as candidates also have to 	<p>Assessment of competencies by means of an interview alone seems to be inadequate. Qualifications should carry more weight and the assessment of competencies to be more in-depth. The noble intentions of the interview may be diminished by influence (both sectors) and by being White (private sector).</p>

THE META-INFERENCES PERTAINING TO CLASS		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCE
	<p>complete practical and personality tests.</p> <ul style="list-style-type: none"> Qualifications and experience are not valued; influence (public and private sector) and being White count in certain private hospitals 	
THEME 5: CAREER DEVELOPMENT		
There is limited exposure to career development opportunities.	<p>Staff development opportunities exist but are seemingly not a managerial priority since:</p> <ul style="list-style-type: none"> Staff is unable to attend due to a high workload and staff shortages Depending on the specific institution such opportunities could be minimal Attendance is seemingly related to the relationship that staff has with the line manager There is also the notion that opportunities are deliberately withheld from individuals and that qualifications are not really recognized. 	<p>Managerial structures need to prioritise/emphasize the importance of succession planning and qualifications and subsequently rule out:</p> <ul style="list-style-type: none"> System elements such as staff shortages Hierarchical issues/influence that could limit the engagement of staff in developmental activities.
THEME 6: FEELINGS OF EMPOWERMENT AND LEADERSHIP DEVELOPMENT		
<p>Most participants do not feel empowered enough to occupy a leadership role.</p> <ul style="list-style-type: none"> Managers reported to feel more empowered to occupy a leadership role than PNs. Most race groups indicated that they feel moderately empowered to occupy a leadership role while the White group indicated to feel slightly empowered in this regard. <p>(The open-ended question pertaining to developmental needs received the highest number of responses n=214)</p>	<p>Managerial structures need to lead empowerment of staff pertaining to managerial duties and several other developmental matters. CPD do not receive the necessary managerial support:</p> <ul style="list-style-type: none"> Several requests were made for empowerment regarding managerial duties. African participants in the WC commented that their qualifications are ignored, they are denied chances to lead and be exposed to managerial duties. Other developmental needs include computer literacy; financial aid for formal qualifications and to be empowered regarding the promotional process itself. Staff members who invested in postgraduate qualifications requested that they qualifications be recognized. 	<p>Succession planning, continuous professional development and practical empowerment strategies (orientation and mentoring pertaining to leadership) are of great concern. Managerial structures need to actively engage in empowerment strategies that</p> <ul style="list-style-type: none"> Should be inclusive of all races Recognize PNs who acquired formal postgraduate qualifications
THEME 7: DISCRIMINATION DUE TO AGE		

THE META-INFERENCES PERTAINING TO CLASS		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCE
Age was the second most reported form of discrimination. The ages of participants ranged from 24 to 67 years.	<p>Discrimination due to age is a concern of the young and the old.</p> <ul style="list-style-type: none"> • Young staff members reported that other staff members disregard their authority; are sceptical of their competencies. • Older staff members reported diminished chances for promotion and study leave. • Purposeful efforts of management to support young PNs with potential. 	<p>The work environment houses a range of generations with their own unique concerns.</p> <p>The presence of traditional stances of granting more respect to older people, the expectation that the young obey older people and the assumption that older people are less resilient seem to real in the hospital environment.</p>
THEME 8: DISCRIMINATION DUE TO MARITAL STATUS, DISABILITY, NOT HAVING DEPENDENTS, BEING PREGNANT, SICK LEAVE		
A small percentage of participants reported to experience discrimination due to illness, being married and disability. <i>Having dependents and being pregnant were not contained in the questionnaire but surfaced through the responses to the open-ended questions.</i>	<p>Managerial structures appear to be intolerant towards the needs of staff that influence their ability to be on duty and their performance while on duty, therefore staffing issues. These include:</p> <ul style="list-style-type: none"> • Parents who need to take leave for parental responsibilities. • Pregnancies that could again impact staffing. • Race-based discriminatory practices related to disability: White staff members with disabilities are better accommodated in the workplace than people of colour. • Staff members without school going children reported discrimination in terms of off-duties; that they are expected to work over week-ends and school holidays. 	<p>Being fair and balancing diverse personal needs in the work environment is a complex matter with discriminatory nuances.</p> <ul style="list-style-type: none"> • Managers are seen to be intolerant towards leave for personal needs and to those who have special needs due to physical circumstances. • The intolerance is seemingly driven by staffing needs for caregiving purposes and therefore tend to translate in discriminatory actions in order to manage those staffing needs.

7.5.3.1 Summary of meta-inferences pertaining to class

The implementation of the EEA has most probably not contributed to improved hierarchical relationships in the workplace since managers had influence that could impact decision-making related to promotions; meaning that they could promote the careers of those closest to them or limit the progress of the careers of those who were not on friendly terms with them. Other evidence also demonstrated that the credibility of the promotion process in both sectors and provinces was questionable. Furthermore, the data suggest that competencies were not adequately assessed during the promotion process and that succession planning, continuous professional development and empowerment as it related to leadership development requiring

consolidation. There was also a plea that these be inclusive of all races. Other forms of discriminatory practices seemed to relate to the rights of staff in terms of leave that had the potential to impact upon staffing. As managers had a duty to ensure acceptable staffing for patient care they seemed to react with intolerance should staff require leave for personal circumstances.

7.5.4 Meta-inferences pertaining to personal obstacles

Personal obstacles related to the person as an individual, financial restrictions to self-development and family responsibilities. The theme is displayed in Figure 7.4

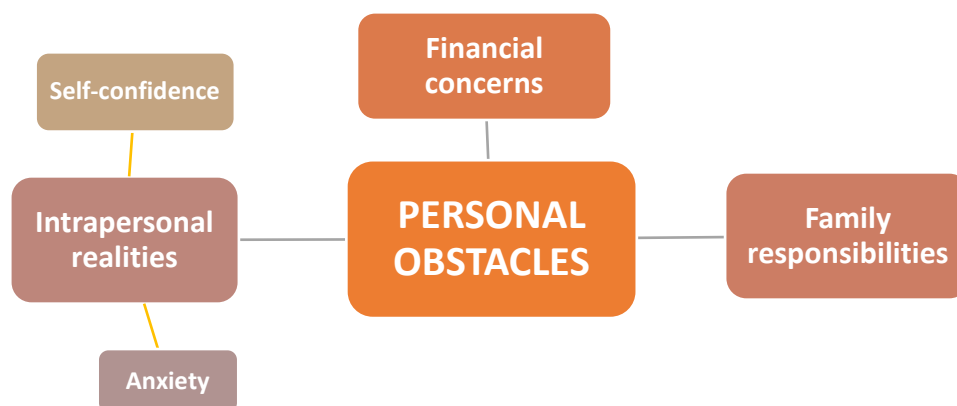


Figure 7.4: Diagram reflecting meta-inferences pertaining to personal obstacles

Table 7.4: Meta-inferences pertaining to personal obstacles

FINDINGS NOT RELATED TO THE FRAMEWORK		
QUANTITATIVE INFERENCES	QUALITATIVE INFERENCES	META-INFERENCES
THEME 1: PERSONAL OBSTACLES TO CAREER ADVANCEMENT		
This open-ended question received n=141 responses and is incorporated in the qualitative inferences.	Personal issues that hamper successful promotion relate to characteristics (anxiety and self-confidence) on the one hand and issues that prevent them to study such as: <ul style="list-style-type: none"> • Having kids and family responsibilities (male and female participants) • Financial constraints • Other issues mentioned were workload and staffing that were addressed under the meta-inferences related to class 	Career advancement lags behind due to intrapersonal (such as anxiety, self-confidence) and extra-personal (such as family, financial, work load and staffing) stressors.

7.5.4.1 Summary of meta-inferences pertaining to other issues

Only one theme was identified and related to personal obstacles that hamper career advancement. It seemed that a number of participants experienced a need to focus on family responsibilities. Others seemed to be limited due to anxiety and financial issues.

7.6 SUMMARY

This chapter contains a description of the process that was followed to develop inferences and meta-inferences from the qualitative and quantitative data. The initial part of the chapter relates to the reasoning process and validity framework that were adhered to during the development of the inferences and meta-inferences. The reader is provided with summaries of the data as contained in pure quantitative and qualitative form. Thereafter, both sets of data were grouped in terms of the underlying framework (available in Annexure I). Then themes were developed across the two sets of data ultimately resulting in the creation of the meta-inferences. Subsequently the meta-inferences are situated mostly in the underlying theory, representing meta-inferences pertaining to race, gender and class. Most of the meta-inferences relate to race and class while a few reflect concerns pertaining to gender. The fourth group of meta-inferences does not relate to the underlying theory and concerns personal issues that hampers the careers of nurses.

The following chapter provides a description of the framework that was developed from the findings, recommendations, limitations and the conclusion.

CHAPTER 8

THE FRAMEWORK, RECOMMENDATIONS AND CONCLUSION

8.1 INTRODUCTION

The previous chapter deliberated upon the integration of the quantitative and qualitative findings of the study and the subsequent development of inferences and then meta-inferences. The current chapter focuses on the last objective of the study i.e. the development of a framework to facilitate the appointment of women of colour in leadership positions in hospitals. The chapter further addresses the validity underlying the development of the framework, makes significant recommendations, reveals limitations and provides a conclusion.

A framework is considered to be a set of thoughts, ideas, facts on how to deal with problems or decision-making, or otherwise stated, a set of beliefs used to plan or guide decision making (Collins English Dictionary, 2017). It is believed that a suitable framework could provide a structured platform consisting of directives to enhance understanding of the management of diversity as related to the appointment of women nurses of colour to leadership positions (Alfred & Chlup, 2010:344; Steyn, 2010:51).

8.2 THE CONCEPTUALIZATION PROCESS: ENHANCING QUALITY

The validity of the framework is related to the quality of the meta-inferences from which the framework was derived (Venkatesh *et al.*, 2013:44). The process of developing quality inferences and consequently quality meta-inferences is therefore described. Figure 8.1 provides a graphic illustration of the research processes that were applied to enhance the validity of the meta-inferences - and therefore the framework. The aspects contained in Figure 8.1 relate to the preciseness of the research process as addressed in the thesis. These aspects relate to the underlying theory that was explained in Chapter 2, the literature control as addressed in chapters 2 and 6 and the rigor contained in data collection and analysis processes as addressed in Chapter 3.

According Venkatesh *et al.* (2013:44) quality aspects pertaining to meta-inferences relate to the suitability of the design that was followed. The authors (Venkatesh *et al.* 2013:44) write that if the goal of a study is to understand a phenomenon as it happens, a concurrent mixed methods design should be followed. The current study employed a concurrent mixed method design comprising a survey and interpretive phenomenology. The survey was included as it allowed a description of views regarding the influence of race, class, gender and the EEA on promotional practices; how nurses viewed these concepts in terms of promotion in the workplace.

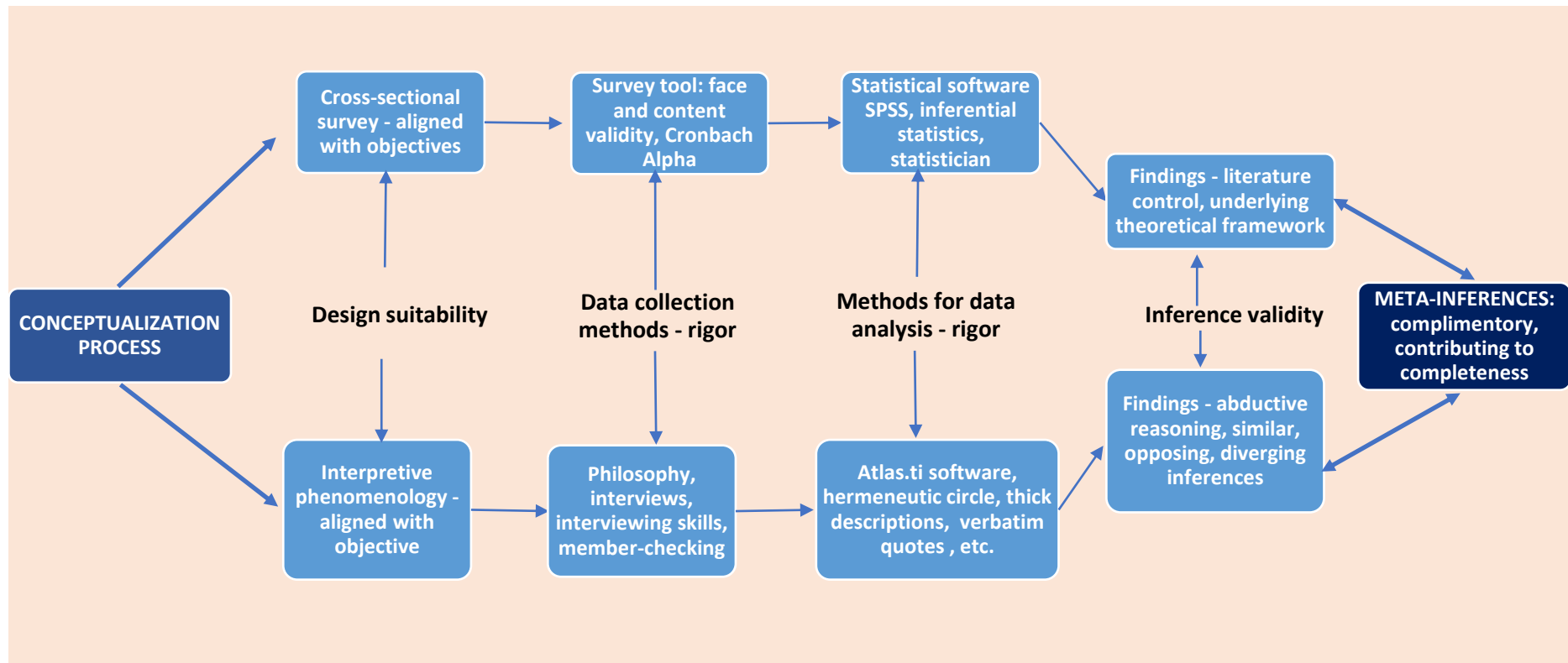


Figure 8.1: The conceptualization process that was followed in the development of the framework representing the validity of the process

Interpretive phenomenology on the other hand, allowed for the exploration of practices imbedded in the promotional processes therefore revealing more complex and deeper realities regarding promotion. The combination of quantitative and qualitative designs in one study enabled a more complete view of the phenomenon under study (Venkatesh *et al.*, 2013:26).

In addition, the ability to collect both quantitative and qualitative data (using the premises and framework of mixed methods) and to compare and analyse such concurrently led to deepening insight, corroboration and the exploration of contradictions. This design also enabled expanded understanding of certain dubious actions, such as questionable promotion practices exposed by the suspicions of those aspiring to be promoted. These dealings were clarified during the interviews and confirmed by the data (Venkatesh *et al.*, 2013:26).

Apart from the suitability of the design, it is also important that rigor be entrenched in the data collection and data analysis processes within both the quantitative and qualitative research approaches (Venkatesh *et al.*, 2013:26). Efforts were made to enhance face and content validity of the survey tool. These efforts included a pilot test that was conducted with input from experts who helped in the development of the tool. The Cronbach Alpha in respect of the Likert scale questions was found to be adequate and consequently contributed to the reliability of the tool and the findings. Question 8 had a rather low Cronbach, 0.60. Yet the responses to the sub-question of Question 8, the open-ended question, provided information that confirmed the essential focus of this question – stereotyping of the competencies of African nurses. The quality of the analysis processes was strengthened through the use of statistical analysis software, the involvement of a qualified statistician, a randomly selected sample and the use of inferential statistics. It was established that the research processes therefore contributed to the quality of the findings of the quantitative part of the study.

The underlying philosophy of interpretive phenomenology was applied in the data collection phase. The researcher did not negate her own understanding of the phenomenon under study but where applicable, shared it with the participants in an effort to create a better understanding of the phenomenon. The technique of reflection was practiced during the interviews. This technique allowed for member-checking in the interview process as the message of the interviewee was redirected to the participant who was then able to reconsider the message and affirm that the initial message was correct or state if there were any misinterpretations. In an effort to enhance transferability so that a reader may be able to assess the applicability of the findings in another context, thick descriptions of data collection and analysis processes were provided in the research report. Transferability was further strengthened through the triangulation of data from more than one source, which meant that

the quantitative data concurred with qualitative data from the responses to the open-ended questions and interview data. Data analysis was completed using software such as Atlas.ti that assisted with reducing and organising the data. The researcher also considered the hermeneutic circle in the data analysis phase, moving back and forth between her initial understanding, the theory underlying the phenomenon and the information in the transcripts.

The credibility of the inferences derived from the findings, was also considered. As a result, the underlying theory was considered throughout the study as it was incorporated in the objectives of the study, the interview guide and analysis processes - ultimately enhancing transferability in the context of qualitative research (De Vos, Fouche, Strydom & Delport, 2005:346). The literature review was also a significant facet of the study in that the findings were linked to existing literature on the phenomenon to enhance understanding. Inferences from both qualitative and quantitative parts were grouped in terms of the underlying framework, which were race, class and gender. During this phase, the inferences were rigorously reviewed for findings that were similar, opposing and divergent (Venkatesh *et al.*, 2013:39). Abductive reasoning was used during the integration of the two sets of findings whereby the researcher continuously reflected back and forth between the two sets of findings. The overarching goal of mixed methods research was achieved in that the findings of both sets of data contributed to create a more complete understanding of the phenomenon under study (Venkatesh *et al.*, 2013:26) and even more. At times the data of each set was similar, contributing to increased confirmation and therefore also increasing the credibility of a meta-inference (Fetters, Curry & Creswell, 2013: 10).

8.3 THE FRAMEWORK

In the context of the current study the framework (Figure 8.2) was developed from the findings into meta-inferences. Steps proposed by Meleis (2012:381- 389) were followed in the process of developing the framework from the meta-inferences (integrated findings). As indicated in Chapter 3, the steps were not linear and some were inclined to take place simultaneously. The steps such as “sensing and taking in a phenomenon/idea”; “describing the phenomenon”; “labelling the phenomenon”; “develop the concept” and “develop a statement” happened during the process of integrating separate inferences from the quantitative and qualitative findings. For example, when the researcher had read both set of inferences (Table 7.3) the “sensing and taking in an idea” happened once the two sets of findings were read and a conclusion was reached such as “*racial relationships did not really improve upon the implementation of the EEA*”. The other steps followed automatically, ultimately producing the meta-inferences. Currently the last step, “explicating assumptions” is presented to the reader in the form of the framework. The last step therefore entails continuous reflection and the

interrogation of implicit and explicit assumptions, referring to the views of the researcher, the findings and the theoretical underpinnings.

The researcher reflected on the overt and covert linkage between the theoretical underpinnings of the study and the findings. The findings displayed divided views according racial lines such as the apprehension of Coloured nurses about the appointment of African nurses and the general scepticism about the competencies of African nurses. Whereas the competencies of African nurses were apparently not trusted in both sectors, those of White nurses were perceived to be valued in specifically the private sector and by White male doctors. These findings confirm the intersection of race and gender and that the African female experienced two-fold discrimination. The findings also pointed to class as it encompassed elements of racial hierarchies such as the perception that African nurses were inferior and the White nurses, superior.

Findings provided underlying notions of management as an oppressive structure, therefore a class system that contributed to the oppression of those in lower positions. For example, the apparent autocratic managerial practices that did not acknowledge the rights of nurses when it came to sick leave, power that seemingly influenced decision-making regarding promotion, the granting of study leave and questionable promotion practices.

Gender, interestingly enough, surfaced mainly in the promotion of those similar to oneself such as males apparently enhancing the promotion of other males so that they could dominate and be in command. These racial, class and gender issues referred to, suggest a lack of unity in the hospital environment that seemed to influence promotional practices. Subsequently, the findings of the study and the meta-inferences disclosed led to the inclusion of four focus areas (Figure 8.2) in the framework, namely: Comfort with appointment process credibility, Comfort with diversity, Preparedness for success and succession and Appreciating healthy managerial systems. In line with mixed method guidelines as well as the framework development model used, the rich and complementary data was exploited to inform the focus areas as summarised in Table 8.1. The last step of the process of framework development requires that the researcher explained her interpretation of the findings as well as why and how findings were utilized (Meleis, 2012:381- 389). The researcher therefore considered it fit to explain decisions that led to the inclusion of the four focus areas provided in the framework. Table 8.1 presents evidence from the findings that guided the decision to use the four focus areas. Since the findings suggested questionable promotion practices it was considered suitable that the framework includes a focus on the credibility of promotion processes. The phrase, 'comfort with appointment processes' was considered fit as comfort suggests strength, to be free of

emotional stress, relaxed and content (COBUILD Advanced English Dictionary, 2018). The phrases reflecting the word 'comfort' therefore suggest that if the recommendations as reflected in the framework would be implemented, these would eventually enhance the credibility of the promotion processes (1st focus area – see Table 8.1) and inclusiveness in the workplace.

Table 8.1: The focus areas of the framework

Focus area - Comfort with appointment process credibility
<p>Evidence from the findings</p> <ul style="list-style-type: none"> • The presence of unsound managerial practices such as the use of influence • People in lower positions question the credibility of the promotion systems • Unilateral approach to screening CVs • Unequal selection panels • Awkward questions in the interview • Superficial interview for some and in-depth interview for others.
Focus area - Comfort with diversity training and inclusivity enhancement
<p>Evidence from the findings</p> <ul style="list-style-type: none"> • The discrete presence of racial hierarchies (class pertaining to race) • The implementation of the EEA was often viewed with anger • People seem not to appreciate the noble intentions of this act • Overt racism displayed towards the African female • Race-based bias regarding competencies of the female of colour • Disrespect among the race groups • At times, male dominance.
Focus area - Prepared for success and succession
<p>Evidence from the findings</p> <ul style="list-style-type: none"> • Interview data suggested the presence of succession planning • The responses to the open-ended questions revealed ignorance about succession planning and the promotion system • That succession planning and CPD might be deliberately withheld from some staff members • Multiple requests for development • Inability to function optimal during the interview e.g. eloquent English, demeanour.
Focus area - Appreciating healthy managerial systems
<p>Evidence from the findings</p> <ul style="list-style-type: none"> • The distinct impact of managerial influences upon promotion, granting of study leave • Race-based exposure to managerial activities • The presence of discriminatory practices relating to the rights of workers e.g. obstructive attitudes relating to requests for leave • Tendency to ignore formal qualifications and to rely on experience • Autocratic managerial practices • Organizational issues such as staffing hampering professional development.

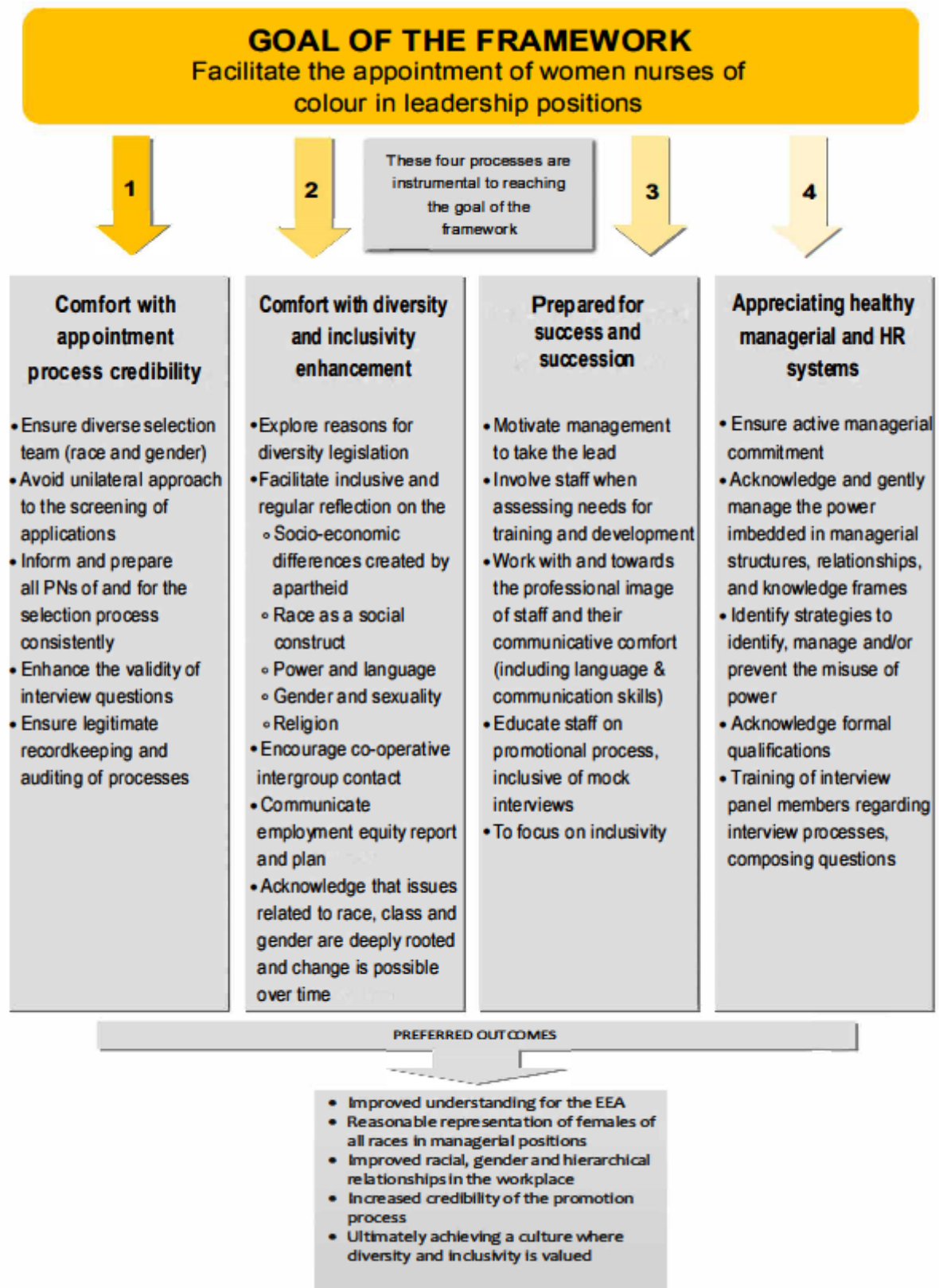


Figure 8.2 A Framework to facilitate the appointment of women nurses of colour in leadership positions

8.4 RECOMMENDATIONS

8.4.1 Considering the framework

In the work place, promotion as a phenomenon, is often sought after and strived for due to personal benefit and gratification. It is also a human resource mechanism to organize work and to reach organizational goals. Promotion itself provides status, authority and a range of other benefits to the successful candidate, but also grants explicit and implicit power (Yap & Konrad, 2009:594-596). If one reflects on the Theory of Intersectionality, power lies at the core. If not well-managed, power leaves the door wide open for potential oppression, marginalization and privileging to mention a few (Carastathis, 2014:304-308).

In the South African context (and for the purpose of this study) in the nursing workforce, the intersection of race, class and gender in the workplace is a concern. The Standpoint Theory underlines the epistemological social situatedness of knowledge – arguing that the view or standpoint of the marginalised are of critical importance and consequence. In the hierarchical organization of work, the realities and effects of race, class and gender are important to consider and resolve.

The Standpoint Theory materialised in the realities of participants who experienced oppression, for example African nurse managers were more sensitive to and understanding of the perceived lack of confidence of the female of colour than the White nurse managers were. Distinct elements of the Theory of Intersectionality were confirmed in the study, such as oppressive managerial structures that reflected a class system, racial hierarchies that hampered the promotion of the female of colour and males wanting to dominate females. The researcher therefore considered the intersecting influence of race, class and gender with the formulation of recommendations. The recommendations focus on the valuing of diversity, minimizing structures of oppression pertaining to gender, a class system and the perceived racial divide. Furthermore, the researcher considered it important that the workforce be educated regarding the past, such as the legacy of apartheid and ways to relate and manage its disconcerting outcomes and effects. Recommendations also include educating the workforce about the EEA and the noble intentions of this act.

The recommendations below are contextualized and/or supported where relevant, with literature to provide depth and corroboration.

8.4.1.1 *Comfort with appointment process credibility*

The findings reflected questionable promotion practices that influenced the credibility of promotion processes. Recommendations are therefore proposed as based on the findings.

Bias: is subtle and tends to transpire when observing people who are different from oneself. It also relates to the view that one's own kind is more favourable (Macan, 2009:209). The recruitment policy of The Association of Universities for Research in Astronomy (AURA) states that bias could influence the chances of potential candidates as it influences the objectivity with which CVs and applications are screened.

Considering the findings of the study in terms of a unilateral approach to the screening of CVs and the subtle bias, it is advised that selection panels be diverse in terms of race and gender. Furthermore, panel members ought to be knowledgeable about the influence of unconscious bias and such issues should be discussed prior to the interview process (AURA, s.a:5; Harvard University, s.a:13).

Validity of the interview: Huffcutt (2011:74) conducted a literature review on employment interview constructs and found that panel members tend to be influenced by the performance of a candidate in an interview in terms of social skills, verbal expression and the attractiveness of a candidate more so than the job-related criteria. Arnold and Ray (2010:138) on the other hand relate that selection is a two-way process. The authors confirm that candidates also evaluate the professionalism and effectiveness of selection procedures and could decline an offer if they experienced such procedures as unprofessional.

Arnold and Ray (2010:185) advise that a structured interview is advisable and panel members should be trained regarding issues that can limit the validity and credibility of the interview process. The recommended structured interview includes the use of multiple interviewers; yet the same individuals, across all candidates; the use of scenarios, competency-based, knowledge and biographical questions; and that responses be rated applying set criteria and rating scales.

The use of influence: pertains to promotions that are not based on merit and qualifications but on nepotism – that managers promote relatives, friends, people close to them, and cronyism - that the former ignore candidates' qualifications and merely focus on friendship (Agun, 2014:1-5). Agun (2014:5) advocates that the use of influence be curbed through the establishment of clear policies that specify the various forms of influence that could be present. Policies should also reflect appropriate action on how to deal with such cases including the type of punishment for infringement of the policies. Sections 195 and 196 of The Constitution of South Africa also emphasize that public service administration be imbedded in ethical principles and without bias (The Republic of South Africa, 1996:99-100).

The Constitution of South Africa further stipulates that the Public Service Commission of South Africa oversee recruitment and appointment processes so that these are objective, fair and ethically sound and aimed at redressing the inequities of the past. It is therefore advised that managerial structures, whether public or private, familiarise themselves with these constitutional goals and the attainment and maintenance thereof.

8.4.1.2 Comfort with diversity training and inclusivity enhancement

Findings of the study revealed the presence of overt racism, stereotyping of the abilities of the female of colour and racial intolerance. It further exposed that at times the appointment of people of colour was either delayed or totally withheld due to fear of possible racist reactions thus the implementation of the EEA was not really valued. It therefore appears that barriers may exist that limit the implementation of the EEA. Section 15 of the EEA states that employers should identify and eliminate employment barriers, design measures to enhance diversity in the workplace and implement appropriate training measures (Republic of South Africa, 1998:18).

Booyesen and Nkomo (2010:230) ascribe the slow progress of diversity to a lack of cultural awareness programmes and the absence of an organizational culture that values diversity. The persistence of stereotypes further contributes to the slow progress of diversity in the workplace. The authors Booyesen and Nkomo (2010:230) state that employment equity entails pro-active measures to eradicate the work-related imbalances created by apartheid. Diversity management, on the other hand, focuses on valuing the uniqueness of individuals, irrespective of race, gender or disability. Hence, diversity relates to the creation and nurturing of an inclusive work environment that reflects awareness and respect for all cultures and gender. Diversity training is considered important as it provides knowledge of other groups different to one's own in-group and therefore assists to combat bias (Guillaume, Dawson, Otaye-ebede, Woods & West, 2015:279; Keil, 2005:38).

It is therefore recommended that:

- Institutions should invest in diversity training
- Institutions should educate employees about the reasons that lead to inequality such as apartheid policies and in particular the schooling system during the apartheid era i.e. where there was a hierarchy of privileges pertaining to schooling
- Education should include legislation such as the EEA in an effort to create understanding for the need to implement employment equity measures in the workplace
- Training pertaining to diversity should also focus on other forms of bias that relate to age, gender, sexuality, religion and disability (Harvard University, s.a:13).

- Selection and recruitment teams should be trained specifically to be appreciative of diversity and that the recruitment teams themselves ought to be diverse (Keil, 2005:38).

Booyesen and Nkomo (2010:230) further ascribe the slow progress of diversity to a lack of meaningful engagement with White males in employment equity matters therefore their commitment is absent. The findings of the current study revealed the biases of White male doctors (stakeholders) towards the female of colour. Torres and Groves (2008:1) state that institutions can enhance diversity by identifying, acknowledging and discussing their strengths and weaknesses relating to diversity in an open discussion. It is therefore advised that institutions consider broadening the focus of diversity training to include stakeholders such as doctors.

However, employment equity and the creation of a diverse workforce are mere starting points. Ideally, companies should also consider long term goals by investing in inclusive practices and an organizational culture that values diversity (Booyesen & Nkomo, 2010:231).

Inclusive practices: Torres and Groves (2008:1) postulate that diversity efforts should not be the responsibility of human resources alone but that such efforts be actively supported by senior management. These authors elaborate that the culture, in respect of diversity, within the organisation be continuously assessed especially to establish whether there has been progress in certain areas or if not, why not. Moreover, that human resources, those responsible for professional development, senior management and the workforce are consulted regularly regarding matters of diversity. They (Torres & Groves, 2008:1) also emphasize that employees be knowledgeable about diversity issues and capable of engaging in dialogue to voice their concerns pertaining to diversity.

Organizational cultural change: Once institutions have achieved a diverse workforce it is expected that these institutions will then consider the diverse interests of the workforce. The management of the institution should renegotiate and reconceptualise the institutional culture to reflect perspectives other than that of the hegemonic culture. It is therefore an important requirement that the vision, mission and set values of the institution reflect appreciation for diversity (Booyesen & Nkomo, 2010:230-233; Diversity Best Practices, s.a.:65)). Nkomo (2006) recommends various best practices to create organizational cultural change:

- The provision of in-service training that relates to cultural differences and identities, ultimately enhancing positive attitudes among different groups
- The promotion of supportive intergroup contact

- Enhancing professional development and succession planning for all
- The responsibilities of managers should include an appreciation of diversity
- To involve the representatives of the various race and cultural groups in decision-making
- Address issues of stereotyping and be sensitive to religious practices of all

8.4.1.3 Prepared for success and succession

The findings of the study revealed concerns about the image of institutions in that managers also portray the image of the institutions and therefore need to be presentable and eloquent. Huffcutt (2011:74) relates that members of the interview panel tend to be influenced by verbal expression and attractiveness. Keil (2005:38) however, warns that selection teams be cautious not to be influenced by aspects such as perfect and eloquent English. The author also acknowledges the sensitivity that surrounds the image of an institution. It is therefore advised that:

- Institutions that value issues such as eloquent speaking, whether it be English, Afrikaans or another language, take the lead and assist with grooming aspects relating to their employees
- Institutions educate employees pertaining to professional behaviour relevant to the image of the institution e.g. dress code, communication skills both written and verbal
- Staff members be educated about the promotion processes such as advertising of vacancies, requirements of different positions, application process, compilation of a CV and preparation for a selection interview
- That managers at all levels be informed and educated about their role in succession planning
- Include the above-mentioned in succession-planning programmes
- Institutions should also consider granting respect for ethnic languages such as Zulu and Xhosa (Keil, 2005, 38)

On the other hand, various responses reflected a need for managerial exposure, training and mentoring to avoid ignorance of a promotion system. Some responses reflected that opportunities for development contain elements of racial discrimination. Booysen (2007) acknowledges that African, Coloured and Indian workers are not fully integrated in companies as they are not given real responsibilities due to stereotyping and that talent management of previously “disadvantaged groups” lags behind. The lack of exposure and development therefore contributes to the slow progress towards attaining diversity in the workplace. It is therefore recommended that:

- Issues pertaining to succession-planning be actively communicated to employees

- In-service training should reflect the job-specific needs of staff whether these be clinical or managerial
- Training should be accompanied by opportunities to practise the newly gained knowledge.
- Mentorship relating to clinical, administrative, research and educational duties be provided to emerging nurse leaders (Registered Nurse Association of Ontario, 2013:63)
- Ongoing coaching be part of the training processes such as on-the-job assistance (Basavanthappa, 2011:418)
- Management should take the lead and ensure that the team responsible for succession-planning be racially diverse and competent to deal with diversity to enhance inclusivity and prevent race-based biases (Keil, 2005:38)

Booyesen and Nkomo (2010:231) relate that succession planning is instrumental in the sustainment of a diverse workforce, so that companies should invest in long term equity goals such as capacity building that ensures a competent workforce. The Skills Development Act of 1998 (Republic of South Africa, 1998) acknowledges the injustices in the education system during the apartheid era and how these contributed to a lack of skills among previously disadvantaged groups. Directives of the act are therefore geared towards the development and training of previously disadvantaged groups; to ultimately improve their prospects in the work environment. According to the act the workplace should be an active learning environment containing opportunities for development that will enhance work experiences and therefore the employability of these groups. Booyesen and Nkomo (2010:231) recommend that:

- Institutions invest in fast-tracked training and development of previously disadvantaged groups equipping them with competencies in an effort to improve performance
- Employment equity efforts be accompanied by skills development planning as the simultaneity of these two issues simplifies diversity management initiatives

8.4.1.4 Appreciating healthy managerial systems

Findings of the study in relation to responses to the open-ended questions and interview data collected, point towards the improper influence to advance certain candidates and the allocation of study leave preferentially. Improper influence seemed to stem from family ties, friendship, social and political affiliation, tribalism, gender and sexuality. Singh, Kumra and Vinnicombe (2002:80-86) confirm that influential relationships and ingratiation affect the advancement of employees and that job performance per se is often considered less than it should. The Diversity Best Practice guidelines of Diversity Primer (2009:65) states that the attainment of diversity is linked to ethical behaviour and the commitment of management to diversity. The guidelines advise that the ethics management portfolio be merged with that of diversity and inclusion and that the person appointed in the position reports directly to senior

management. The guidelines hold that the revised system will yield improved results when one person is responsible for both ethics management, diversity and inclusion. Since the person holding this position reports directly to senior management it may automatically result in improved commitment.

The Registered Nurses Association of Ontario (RNAO) emphasize ethical behaviour as a core value of nurse leadership. The RNAO encourages transformational leadership practices. These leadership practices entail role modelling of professional behaviour and that leaders engage in personal reflections relating to their value systems and characteristics such as honesty and integrity (2013:58). Since leaders are expected to represent ethical behaviour they influence others to do the same and ultimately positive work environments are created (RNAO, 2013:57-59).

Furthermore, the findings of the current study provide the notion that a high workload, financial constraints and staff shortages curb the execution of succession-planning and continuous professional development. In addition, workload and staffing issues influence managers to be less receptive to requests for leave pertaining to personal circumstances. Succession-planning and continuous professional development have long-term advantages for institutions. Ross, Barr and Stevens (2013:4) and Brekelmans, Poell and Van Wijk (2012:319) concur that globally staff shortages and a high workload tend to prevent engagement in succession planning and continuous professional development. Considering the findings in the literature pertaining to the endorsement of ethical principles and staffing issues that limit engagement in professional development, it is recommended that:

- Individual nurse leaders use ethical frameworks to assist with clarification and decision making (RNAO, 2013:67)
- Staff members be educated as to what constitutes unsound promotion processes and how to deal with and report such processes
- Forums be established where nurses can discuss ethical concerns (Storch, Rodney, Pauly, Brown & Starzomski, 2002:13)
- Whistle blowing channels be established for the reporting of misconduct that protects the person reporting as well as the organization (Mansbach, Kushnir, Ziedenberg & Bachner, 2014)
- Nursing administration addresses workload issues
- The management team be educated regarding the link between healthy work environments, patient outcomes and nurse staffing (RNAO, 2013:67)

- Staff shortages receive the necessary attention and that the rights of employees be protected
- Favourable conditions in terms of time and money, be in place to enhance the actuality of workplace learning (Brekelmans, Poell & Van Wijk, 2012:319)

8.5 LIMITATIONS OF STUDY

Setting: The study was limited to two provinces in South Africa, and promotion practices in the formal hospital environment (public and private). Promotion practices in primary healthcare settings, day care and nurse education institutions were not included in the study. Promotion practices in the last-mentioned setting might be different to that of the current study.

The researcher acknowledges the sensitive nature of diversity issues and that the findings of the study are based on the views, understanding and experiences of those who participated in the study; that there might exist additional information that could shed more light on promotional systems such as documentation related to promotions that had been completed. It is advised that future research on the matter be motivated by the institutions themselves and relate to a quantitative retrospective study whereby documentation related to promotions be audited.

In addition, the internal policies of the public and private healthcare regarding selection, recruitment and appointments - the respective prescriptions per sector of how these processes should be conducted - were not analysed in the current study. The latter is regarded as a limitation since information regarding promotion and appointment that was obtained from participants was assessed against the policies from the public sector in South Africa such as the EEA, the Constitution of South Africa and literature from the Public Service Commission of South Africa. Other literature that was used to assess the applicability of data obtained from participants included literature concerning human resource issues, the literature as described in Chapters 2 and 6 as well as observations made during data collection.

Comfort with discomfort: The researcher applied a number of strategies to protect the identities of participants and organizations due to the sensitiveness of the subject matter and the trust placed in the researcher. It is recognized however that the findings, as stated, may still create discomfort and that individual participants and organizations as collectives may read or not read into the findings what they wish to read.

At times the researcher did not probe as she should have as she was cautious not to upset the interviewee due the power the person had. An example would be where the researcher

experienced particular discomfort when interviewing a chairperson (who was also a gatekeeper) of an interview panel as she realised the power entrenched in that position or person. It is therefore acknowledged that meaningful information might have been missed in similar situations.

Research design and methodology: Mixed method research has found its feet as an acknowledged research approach, but is still managing the integration of diverse philosophies and methodologies.

The two theories as chosen, provided the “global positioning system” or GPS. However, due to the sensitivity of the study, the researcher kept close to the voice and pulsating meaning of the findings. This is considered truthful but may have influenced wider or freer interpretation.

However, the researcher is a woman of colour and thus was also able to carefully tune into the voice of the marginalized or oppressed in the South African and nursing care context. She was also known in the one province and understood the historical nuances of race, class and gender in this context.

Furthermore, although this was a South African study, theories underlying the study are based on Western culture, consequently African realities were interpreted via Westernized theories. There is a growing body of knowledge that suggests that African realities be viewed against African epistemologies. It is therefore assumed that the findings might have been different if viewed against African epistemologies. It is subsequently advised that future research about the topic under study should consider and include African epistemologies.

Instrumentation: Efforts were made to enhance face and content validity of the quantitative instrument. The Cronbach Alpha of most questions except question 8 was sufficient. It is therefore acknowledged that the findings related to this question might be disputed.

8.6 CONCLUSION

The findings of the quantitative and the qualitative approaches of the study confirmed the intersecting influence of race, class and gender on promotion systems.

Patriarchal issues came to the fore in the form of oppressive systems whereby males undermined the appointment of females. An example is of the White male doctors in Gauteng private sector who resisted the appointment of African females in traditionally Afrikaans speaking environments irrespective of their being able to converse in Afrikaans. This specific example seemed to hold elements of White supremacist behaviour. Patriarchal issues also

surfaced in the WC in that males in the public sector seemed to advance the appointment of other males, reflecting efforts to marginalize females.

Racial hierarchies (class according to race) presented in both provinces in that the African female seemed to experience oppression in both sectors in the WC and that White females seemed to be the preferred choice for leadership positions in Gauteng in the private sector. Stereotyping of the competencies of African nurses seemed to exist in both sectors and provinces.

Class relating to managerial power structures also transpired in that, at times, managerial influence seemed to sway decision making regarding promotion and the granting of study leave, and not the competency profile and experience of the candidate. Class also manifested in managerial systems exhibiting autocratic leadership practices that sometimes violated the rights of nurses who applied for leave when they were ill or when they had family responsibilities.

Furthermore, language issues such as the need to be eloquent in English seemed to be situated in class-related discrimination and carry weight. At other times, in traditionally Afrikaans speaking environments, the ability to speak Afrikaans was apparently advantageous.

The findings further demonstrated that the implementation of the EEA was considered in both sectors and provinces. However, the findings of the study in the WC provided the notion that although there were concerted efforts to adhere to recommendations of the EEA, the implementation thereof was not really valued.

On the other hand, the implementation of the EEA in the private sector in Gauteng seemed to have benefitted the careers of young African females as they shared experiences of continuous support and promotion in the workplace. However, older African females in Gauteng, private sector, shared experiences of paternalism e.g. that promotion was delayed since it was considered that the organizational climate was not yet ready for an African nurse leader.

Females of colour, irrespective of qualifications, who commenced their careers in the eighties took longer to reach career heights than White nurses who began their careers during the same period. Females of colour who commenced their careers in the late nineties and early twenties seemed to have reached career heights quicker, reflecting that the EEA and the

abolishment of apartheid could have had a positive influence on their careers. Other findings reflected distinct questionable promotion practices such as managerial influence and the tendency to favour certain groups (males appointing males, foreigners appointing other foreigners) that sway decisions pertaining to promotion.

Furthermore, it appears that promotion systems were influenced by the demographic profiles of the respective provinces in which the study was conducted. However, one cannot overlook blatant racial discrimination and the constant questioning of the competencies of the females of colour as revealed in the current study.

Lastly, the female of colour in the context of the study represented the voice of the oppressed, their shared experiences together with that of White nurses who work alongside them providing a better understanding of promotion systems in both the private and public health sectors.

Findings of the study contributed to the development of a framework that focuses on improving the credibility of promotions systems, endeavouring to create and value a culturally diverse work environment, effective succession planning and professional development with a diversity focus and ethical managerial structures. Hopefully the framework and accompanying recommendations will assist with the facilitation of increased appointments of women nurses of colour to leadership positions in hospitals.

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ANNEXURES

ANNEXURE A: QUESTIONNAIRE

QUESTIONNAIRE: RACE, CLASS, GENDER AND PROMOTION IN THE WORK PLACE

Annexure A

Dear Colleague,

This study explores whether the appointment and promotion of nurses in leadership positions is influenced by the Employment Equity Act (EEA) and issues that relate to race, class and gender.

For the purpose of this study these terms are viewed in the following context:

Race – Race relates to systemic privileges that are assigned to a group, based on the evaluation of their biological attributes for example African, Coloured, Indian or White.

Class – Class is a term that divides people in terms of resources and power for example managerial hierarchies or elitist social groupings.

Middle class – An upbringing that signifies economic stability (that tends to be generational) and ‘superiority’, as referred to by Andersen and Hill Collins (2007:121), together with a cultural background that is socially esteemed/valued; should the economic stability change, the individual tends to retain the social and attitudinal values which tend to be advantageous.

Working class – An upbringing that signifies poverty (that tends to be generational), ‘inferiority’ as referred to by Andersen and Hill Collins (2007:121), and a cultural background that is socially less valued. This upbringing leaves the individual or group with less power and choices. Should the individual attain education and economic stability, their social and attitudinal values that relate to their cultural background, might not automatically grant them middle class status.

Gender – gender relates to socially constructed roles, behaviours, actions and attributes that a given society considers appropriate for men and women.

Employment Equity Act – The act concerns legislation to redress the labour market inequities and to minimise discrimination on the basis of race, gender, disability and HIV status.

Please note:

1. All feedback is considered confidential and you do not have to mention your name.
2. All data will be collated and will not be traceable to you or your specific organization.
3. It will take about 10 minutes to complete the questionnaire.
4. The researcher herself will distribute and collect the questionnaires.
5. The questionnaire consists of two (2) sections: Section A deals with biographical details such as age, gender and so on. Section B contains the research questions.

SECTION A: BIOGRAPHICAL DETAILS

Please indicate your biographical details, by placing a tick (✓) in the appropriate space below. Where appropriate, write your answer in the space provided.

A1 Gender: Male ☐ Female ☐ Age:

A2 Race: African ☐ Coloured ☐ Indian ☐ White ☐ Other ☐

A3 Health care sector: Public ☐ Private ☐

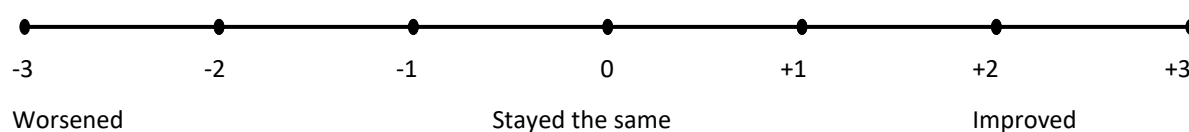
Postgraduate: BaCur ☐; Postgraduate diploma ☐; Honours ☐; Masters ☐; PhD ☐

Q1. The Employment Equity Act (EEA) is the legislation that the South African government put in place to improve diversity in the work place – In your facility (the organisation where you are currently employed), has the application of the Act in your opinion:

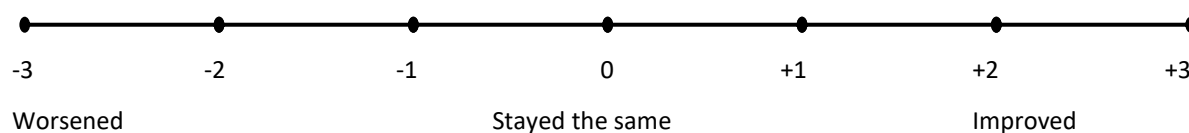
Any explanation you would like to share:

Q2. Has the facility's (the organisation where you are employed) promotion systems for nurses:

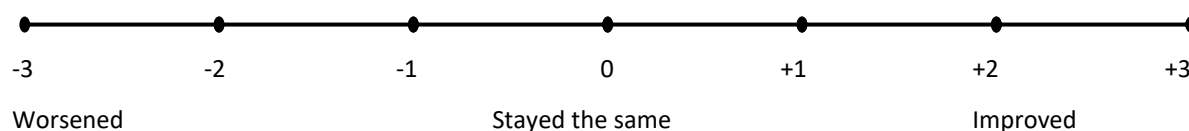
2.1 Improved or worsened **racial relationships** - between African, Coloured, Indian and White nurses



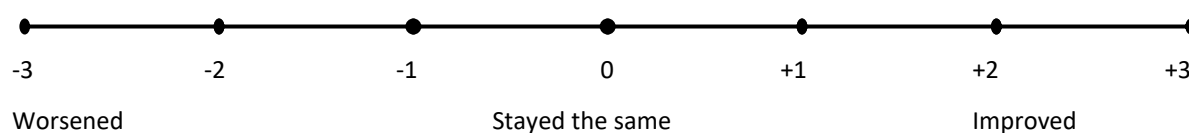
2.2 Improved or worsened **gender relationships** - between men and women



2.3 Improved or worsened **hierarchical relationships** (class) between managers and nurses



2.4 Provided more scope for **fair promotion**



Any explanation you would like to share:

Q3. Please reflect on promotional opportunities in the work place in general:

	Not at all	Slightly	Moderately	Absolutely
3.1 Are promotion opportunities open to all?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Are promotion processes fair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Are promotion processes transparent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Are promotion outcomes transparent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any explanation you would like to share:

Q4. Do you experience that, when promotion opportunities become available, there are increased concerns about whether the following will play a role in the appointment?

	Not at all	Slightly	Moderately	Absolutely
4.1 Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 The Employment Equity Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any explanation you would like to share:

Q5 Kindly indicate the extent to which you think the employment act is implemented in the facility where you are employed:

	Not at all	Slightly	Moderately	Absolutely
5.1 Promotions into leadership positions reflect the presence of African; Coloured and Indian nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.2	African, Coloured and Indian nurses are encouraged to apply for promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	African, Coloured and Indian nurses receive training that will enable them to be promoted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	African, Coloured and Indian nurses are successful when applying for promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any explanation you would like to share:

Q6 In your opinion, does the facility's promotion practices reflect an over-consideration of ...

	Not at all	Slightly	Moderately	Absolutely
6.1 African nurses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Coloured nurses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Indian nurses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4 White nurses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any explanation you would like to share:

Kindly reflect on the following statements with regard to the facility (organisation)

where you are currently employed:

7.1 With regard to promotion, does coming from a middle class background influence the success rate of?

	Not at all	Slightly	Moderately	Absolutely
7.1.1 African nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1.2 Coloured nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1.3 Indian nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1.4 White nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any explanation you would like to share:

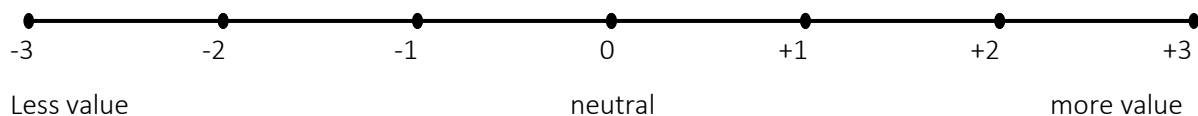
7.2 With regard to promotion, does coming from a working class background influence the success rate of?

	Not at all	Slightly	Moderately	Absolutely
7.2.1 African nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.2 Coloured nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.3 Indian nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.4 White nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

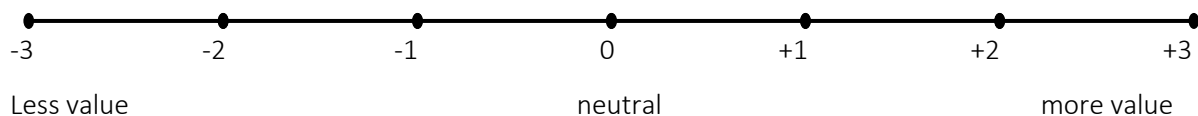
Any explanation you would like to share:

Q8 In your opinion, does the management of the facility (the organisation where you are employed) seem to place 'less' or 'more' value on the competencies of the following groups of nurses.

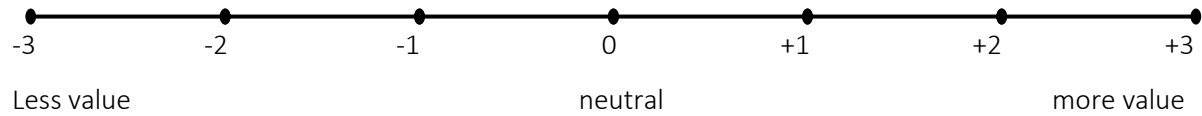
8.1 African nurses



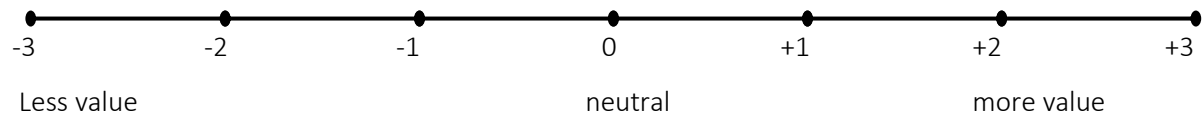
8.2 Coloured nurses



8.3 Indian nurses



8.4 White nurses



Any explanation you would like to share:

--

Q9. Do you believe that you have been discriminated against in your current workplace in terms of any of the following? (You may tick more than one option):

9.1 Age: yes ☐ no ☐

If the answer is yes, explain how.

9.2 Gender: yes ☐ no ☐

If the answer is yes, explain how.

9.3 Marital status / family status (e.g. pregnant or with children or other dependents): yes ☐ no ☐

If the answer is yes, explain how.

9.4 Race / skin colour / ethnic group / nationality: yes ☐ no ☐

If the answer is yes, explain how.

9.5 Disability: yes ☐ no ☐

If the answer is yes, explain how.

9.6 Sexual orientation: yes ☐ no ☐

If the answer is yes, explain how.

9.7 Religious belief(s): yes ☐ no ☐

If the answer is yes, explain how.

9.8 Any other: yes ☐ no ☐

If the answer is yes, explain how.

Please note: Questions 10-14 relate to participants who have previously applied for promotion (whether you were successful or unsuccessful). Those of you who have not been personally involved with the promotional process, kindly skip Questions 10-14.

Q10 To what extent do you feel that competencies are adequately assessed during the application for promotion process?

●──────────●──────────●──────────●
Not at all slightly moderately extremely

Is there any explanation that you would like to share?

Q11 To what extent have you been exposed to career development opportunities?

●──────────●──────────●──────────●
Not at all slightly moderately extremely

Is there any explanation that you would like to share?

Q12 Do you, at this point and time, feel empowered enough to occupy a leadership role?

●──────────●──────────●──────────●
Not at all slightly moderately extremely

Is there any explanation that you would like to share?

Q13 Describe the developmental needs you have that could enable you to qualify for promotion?

Q14 What personal obstacles do you experience that hampers you to be successful with promotion?

Thank you for your participation - Mariana van der Heever

ANNEXURE B: INTERVIEW GUIDE

Interview guide

Title: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals

Introduction: As a registered professional nurse working in various institutions and in more than one province I have often surmised about the deciding factors for appointing nurses in leadership positions. International and local literature expose a possibility that appointments in leadership positions in nursing might be influenced by race, class and gender; that equity laws are not always considered. Therefore, the questions contained in the interview guide have been developed to explore the possible influence of equity laws and issues that relate to race, class and gender. The data obtained from you will therefore contribute to the development of a framework to facilitate the appointment of nurses in leadership positions.

The following questions will be asked.

1. Tell me about your experiences when participating in the selection processes of nurses in leadership positions.

Probing words: candidate, deciding factors, dynamics.

2. Tell me about your experience/views on the role of the EEA in the selection processes.

Probing words: EEA is considered/not considered, clear criteria, academic/competency profile.

3. Tell me your experiences/views of how race is dealt with in the appointment and selection processes.

Probing words: quota, efforts to enhance equity, solely competency; efforts to balance competency with race, staff development, race intersects with gender, unconscious bias, efforts to minimize unconscious bias.

4. Could you relate your experiences/ views on the influence/role that class has on the appointment of nurses in leadership positions?

Probing words: influence of status, friends in senior positions, family status, and race intersects with class.

5. Could you talk about your experiences /views on the role of gender in the appointment of nurses in leadership positions?

Probing words: influence of EEA and gender, male manager, male domination.

Thank you for your participation.

Mariana van der Heever

ANNEXURE C: PARTICIPANT INFORMATION LEAFLET

Annexure C
PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM
Participation that relates to the completion of a questionnaire

TITLE OF THE RESEARCH PROJECT: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals

REFERENCE NUMBER: S15/05/122

PRINCIPAL INVESTIGATOR: Mariana van der Heever

ADDRESS: Division of Nursing, Tygerberg Campus, Stellenbosch University

CONTACT NUMBER: 0729041574

Dear colleague

My name is Mariana van der Heever and I would like to invite you to participate in a research project. Please take some time to read the consent form which will explain the details of this project. You are welcome to ask me any questions about this project that you do not fully understand. Your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to participate.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

As a registered professional nurse working in various institutions and in more than one province I have often reflected on the deciding factors for appointing nurses in leadership positions. The study is particularly interested in whether and how such appointments of nurses into leadership positions may be influenced by the employment equity act and issues related to race, class and gender.

The data obtained from you will therefore contribute to the development of a framework to facilitate the appointment of nurses in leadership positions. The study is conducted in public and private sector hospitals in the Western Cape and Gauteng provinces. We wish to recruit 400 participants in the Western Cape Province and 500 participants in Gauteng. All registered professional nurses working at the public and private hospitals selected for the study, are eligible to participate in the study. We wish to explore their opinions through the completion of a questionnaire.

We also wish to conduct interviews with people who have participated in the selection processes of nurses into leadership positions and various persons who serve as leaders in nursing in the country. The information from the questionnaires and the interviews will be combined to create an understanding of how nurses are selected into leadership positions.

You are invited to participate due to the fact that you are working in a hospital setting relevant to the study. We value your views on what could possibly influence the appointment of nurses into leadership positions and what could be done to better support nurses aspiring to such positions. Participation in the study might not benefit you directly. The information obtained from you will however be used to develop a framework to facilitate future appointments of nurses in leadership positions. Consequently, nursing in South Africa will benefit from your participation.

It will be expected from you to complete a questionnaire (will take \pm 10-15 minutes to complete). I therefore do not foresee that you will be harmed in any way. I however recognize the sensitivity that accompanies appointments, promotions and the possible influence of equity laws. The possibility

exists that some participants might experience discomfort or become emotional while completing the questionnaire. I will provide support to participants who experience emotional discomfort. Participants who remain emotional/uncomfortable will be assisted to identify a suitable therapist who can assist them further.

Furthermore, all information obtained via the interviews and the questionnaires will be managed confidentially. Your name or the name of the institution/hospital where you are employed will not be recorded. Details about who participated, and the information obtained from you will not be linked to an individual or a participating institution/hospital.

Participation in the study is voluntary. Should you decline participation in this study you are still free to participate in other research projects.

Participation in the study will not benefit you financially. There will be no costs involved for you, if you do take part. In addition, you will be reimbursed for expenses made by you to meet the researcher for research purposes.

Furthermore, you may contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed.

DECLARATION BY PARTICIPANT

By signing below, I agree to take part in a research study entitled 'A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals'.

I declare that:

- I have read this information and the consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*)

.....
Signature of participant

.....
Signature of witness

ANNEXURE D: CONSENT TO RECORD INTERVIEW**CONSENT FOR THE RECORDING OF THE INTERVIEW**

TITLE OF THE RESEARCH PROJECT: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: Mariana van der Heever

ADDRESS: Division of Nursing, Tygerberg Campus, Stellenbosch University

CONTACT NUMBER: 0729041574

Dear colleague

Thank you for your willingness to participate in this project. This form requires that written consent be obtained for the recording of the interview. The recording will be coded and will not contain the personal details identifying the interviewee and the institution involved. The recording will be typed; the typed version is called a transcript. The recording and the transcript will be coded, thereby ensuring confidentiality and protection of the content. The recording and the transcript will be stored in a locked safe for 5 years; thereafter both will be destroyed.

DECLARATION BY PARTICIPANT

By signing below, I agree that the interview between myself and Mariana van der Heever be recorded. The interview forms part of the research study: *A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals.*

Signed at (*place*) On (*date*) 2015.

.....
Signature of participant

.....
Signature of witness

ANNEXURE E: INVITATION TO PARTICIPATE IN A RESEARCH PROJECT VIA AN INTERVIEW – LEADERSHIP FIGURE**Annexure E****INVITATION TO PARTICIPATE IN A RESEARCH PROJECT VIA AN INTERVIEW – LEADERSHIP FIGURE**

TITLE OF THE RESEARCH PROJECT: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals

REFERENCE NUMBER: S15/05/122

PRINCIPAL INVESTIGATOR: Mariana van der Heever

ADDRESS: Division of Nursing, Tygerberg Campus, Stellenbosch University

CONTACT NUMBER: 0729041574

Dear Prof / Dr / Sir / Madam

My name is Mariana van der Heever and I would like invite you to participate in a research project.

As a registered professional nurse working in various institutions and in more than one province I have often reflected on the deciding factors for appointing nurses in leadership positions. The study is particularly interested in whether and how appointments of nurses into leadership positions may be influenced by the employment equity act and issues related to race, class and gender.

We wish to conduct interviews with leadership figures in nursing in South Africa, ultimately creating an understanding of how nurses are selected into leadership positions.

You have been identified as a leadership figure in nursing in South Africa and we are of the opinion that you could provide valuable information on the selection processes of nurses into leadership positions.

The information obtained from you will contribute to the development of a framework to facilitate the appointment of nurses in leadership positions. Consequently, nursing in South Africa will benefit from your participation.

All information obtained via the interviews will be managed confidentially. Your name or the name of the institution that you present will not be recorded. Details about who participated, and the information obtained from you will not be linked to an individual or a participating institution.

Should you wish to participate in an individual interview kindly complete the attached consent form or contact me via email: mmvdheever@sun.ac.za OR telephonically at any of the following numbers:

Office: 021 9389295;

Home: 021 9764961;

Cell: 0729041574

ANNEXURE F: INVITATION TO PARTICIPATE IN A RESEARCH PROJECT VIA AN INTERVIEW – KEY ROLE PLAYERS

INVITATION TO PARTICIPATE IN A RESEARCH PROJECT VIA AN INTERVIEW – KEY ROLE PLAYERS

TITLE OF THE RESEARCH PROJECT: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals

REFERENCE NUMBER: S15/05/122

PRINCIPAL INVESTIGATOR: Mariana van der Heever

ADDRESS: Division of Nursing, Tygerberg Campus, Stellenbosch University

CONTACT NUMBER: 0729041574

Dear colleague

My name is Mariana van der Heever and I would like invite you to participate in a research project.

As a professional nurse working in various institutions and in more than one province I have often reflected on the deciding factors for appointing nurses in leadership positions. The study is particularly interested in whether and how such appointments of nurses to leadership positions may be influenced by the employment equity act and issues related to race, class and gender.

The data obtained from you will therefore contribute to the development of a framework to facilitate the appointment of nurses to leadership positions. The study is conducted in public and private sector hospitals in the Western Cape and Gauteng provinces.

We wish to conduct interviews with people who have participated in the selection processes of nurses to leadership positions at the hospital where you are currently employed, ultimately creating an understanding of how nurses are selected to leadership positions.

We therefore invite people who suite either of the following criteria for participation in the interviews:

- A successful and unsuccessful candidate who has experienced the selection processes of nurses into leadership positions.
- One human resource officer that has been involved in the selection processes of nurses into leadership positions
- One person who chairs committee's that appoint nurses into leadership positions.
- Any other member of the selection committee

Participation in the study might not benefit you directly. The information obtained from you will however be used to develop a framework to facilitate the appointment of nurses in leadership positions. Consequently, nursing in South Africa will benefit from your participation.

It will be expected from you to participate in an interview. Furthermore, all information obtained via the interviews and the questionnaires will be managed confidentially. Your name or the name of the institution/hospital where you are employed will not be recorded. Details about who participated, and the information obtained from you will not be linked to an individual or a participating institution.

Participation in the study will not benefit you financially. There will be no costs involved for you, if you do take part. In addition, you will be reimbursed for expenses made by you to meet the researcher for research purposes.

Should you wish to participate in an individual interview, kindly complete the attached consent form or contact me via email: mmvdheever@sun.ac.za **OR** telephonically at any of the following numbers:

Office: 021 9389295;

Home: 021 9764961;

Cell: 0729041574

ANNEXURE G: TRANSCRIPTION

NAME OF AUDIO : 2016_07_13_11_59_01
 LENGTH OF AUDIO : 70:42
 TRANSCRIPTION LEGEND : RESEARCHER R
 : INTERVIEWEE I

R	It's just sad the way I struggled to get hold of that and now it's outdated again. The 2012 stats indicated eight Africans in leadership positions in the Western Cape, females, Department of Health. No. Public and private. Public and private, eight stand.
I	But now you must understand, Western Cape has got a the premier last time I checked beginning of the year, they said, they put out that and they will not be confirmed by the stats, the National stats. They would appoint who they feel is competent irrespective of race and colour. If the position requires let's say an HR manager, they do not look at the EE stats that they need for that position. If Marie-Anne van Koegelberg is competent enough, an actual [unclear] candidate then Mari-Anne van Koegelberg will get the position.
I	I don't know about the whole Gauteng but I can say for example our hospital we have at least, we sitting on twenty percent ACI candidates on senior management position. (<i>ACI – African, Coloured and Indian</i>)
R	Which is very little if you look at the demographics.
I	If you look at the demographics. Yes.
R	And your stats in the Western Cape, I think it's worse.

I	Oh Western Cape. We don't talk about the Western Cape.
I	Ja, the stats are much better in Gauteng because Gauteng, the population.
R	The demographics play a role.
I	'Because currently our hospital, we are inland. For example with us, your senior management which is Grade 18 to 20, we've got zilch and there's currently a white male sitting in that position as the hospital manager and then your middle management which is your Grade 14 and above, that is your nurse manager and your pharmacy manager and your finance manager, they are the ones sitting on Grade 14 and above, we've got the two candidates, the nurse manager and the pharmacy manager. The pharmacy manager is an Indian so that's why I'm saying we sitting at twenty percent and the demographic, it suppose to be, it's seventy-nine.
R	You far behind.
I	Yes. Then if you look at your junior management, Grade 8 to 13, that is your, mostly from your registered nurses going up to your HR managers, maintenance managers, patient service manager, all your other management. If you are looking at Africans in total, we sitting currently on 80, current 81, we sitting on 30.9 percent.
R	African leadership on junior level?
I	Yes.
R	80, 30?
I	30.9 and then if you looking at.
R	The rest is mostly white. It's like 60 percent white.
I	And then if you look at total ACI we sitting on 33.2 percent and the EAP is 85.30. If we looking at females only then we sitting at 87 percent so we at least above the 44.40 that needs to be but if you look in total

	then we 33.2 and the required is 85.30. The females are topping up I must say in terms of junior management. We just need to still look at the males plus your coloured and Indians because we don't have. (<i>EAP – employment active population</i>)
R	Demographics of Coloureds in the province is low.
I	It is because we sitting at 3 percent and [unclear] sitting currently on 1.9 and your Indians is 2.30 and we sitting on 0.4.
R	So there's room.
I	Ja there's a room because if you look at white females, they sitting on 56.1 and they junior management and [unclear] 6.2. White males sitting on 4.2 and it's supposed to be 8.4 so there's this little. Ja if you look at middle management.
R	So what is still prominent?
I	Especially in your senior positions. It is and you still find difficulties also when you have to do the appointments but I must say, this company, they look at the EE stats because for every candidate that resign, we insure that they are replaced with a ACI candidate unless like in your theatres, theatres it's difficult to play that game. You need to appoint ACI now. Theatre is a scarce skill and your ICU's so wherever I get with it. ACI as long as I appoint.
R	Do appoint. But when it comes to your wards.
I	Ja, wards at least you can still.
R	Play.

ANNEXURE H: TABLES RELATED TO CHAPTER 4**4.2 SECTION A: BIOGRAPHICAL DATA****Table 4.1 Nominal data**

Variable	Frequency / n	Percentage / %
A1.1: Gender (n=566)		
Male	50	8.8
Female	516	91.2
A2: Race (n=561)		
African	266	47.2
Coloured	185	33
Indian	12	2.1
White	98	17.4
Other	2	0.4
A3: Health sector (n=563)		
Public	295	52.4
Private	268	47.6
A4: Current position (n=539)		
Professional nurse	461	85.5
Operational manager	77	14.3
Assistant nursing manager	1	0.2
A6: Basic nursing qualification (n=561)		
Bachelor's degree	115	20.5
Diploma	446	79.5
A7: Highest academic qualification		
Undergraduate: (n=516)		
Degree	116	22.5
Diploma	400	77.5
Postgraduate qualifications: (n=294)		
BaCur (postgraduate degree)	65	22.1
Postgraduate diploma	198	67.3
Honour's degree	21	7.1
Master's degree	9	3.1
PhD	1	.3

Table 4.2 Continuous data

Variable	Years
A1.2: Age	
Mean	44.24
Standard deviation	10.55
Minimum	24
Maximum	67
A5: Years working in this institution	
Mean	12.34
Median	8.0
Standard deviation	10.65
Minimum	0.03
Maximum	43

4.3 SECTION B: EMPLOYMENT EQUITY ACT, RACE, CLASS AND GENDER

4.3.1 Question 1: This question focuses on the influence of the application of the EEA on racial, gender, and hierarchical relationships and promotion in the workplace. The results are displayed in Table 4.3 and 4.4

Table 4.3: Summary of results pertaining to Question 1.

Q1. In your facility where you are employed, has the application of the EEA improved or worsened...	Worsened -3		Worsened -2		Worsened -1		Stayed the same 0		Improved 1		Improved 2		Improved 3	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Q1.1 ...racial relationships? (n=547)	50	9.0	44	7.9	60	10.8	144	25.8	93	16.7	104	18.6	63	11.3
Q1.2 ...gender relationships? (n=550)	23	4.1	26	4.6	47	8.4	185	33.0	111	19.8	104	18.5	65	11.6
Q1.3 ...hierarchical relationships (class) between managers and followers? (n=551)	67	11.9	58	10.3	78	13.9	135	24.0	97	17.3	77	13.7	50	8.9
Q1.4 ...the promotion of African, Coloured and Indian nurses in leadership positions? (n=540)	59	10.7	24	4.4	39	7.1	128	23.3	123	22.4	94	17.1	83	15.1

Table 4.4: Statistical significant differences as it relate to Question 1.

SD = Standard deviation; Sig = significant

Q1. In your facility where you are employed, has the application of the EEA improved or worsened...	Race			Class(Position)			Gender		
	Mean(SD)		Sig	Mean(SD)		Sig	Mean(SD)		Sig
Q1.1 ...racial relationships?	African Coloured Indian White	0.63 (1.63) -.12 (1.9) 0.17 (1.53) 0.36 (1.55)	<0.000	PN OPM	0.33 (1.7) 0.42 (1.75)	<0.628	Male Female	0.55(1.4) 0.34(1.76)	<0.421
Q1.2 ...gender relationships?	African Coloured Indian White	0.88 (1.48) 0.32 (1.64) 1.33 (1.5) 0.42 (1.1)	<0.000	PN OPM	0.62 (1.48) 0.55 (1.48)	<0.807	Male Female	0.61 (1.35) 0.63 (1.5)	<0.705
Q1.3 ...hierarchical relationships (class) between managers and followers?	African Coloured Indian White	0.15 (1.95) 0.15 (1.72) 1 (1.2) -.13 (1.32)	<0.033	PN OPM	-.07 (1.75) 0.38 (1.72)	<0.024	Male Female	0.24 (1.54) -.01 (1.78)	<0.249
Q1.4 ...the promotion of African, Coloured and Indian nurses in leadership positions?	African Coloured Indian White	0.46 (1.89) 0.33 (1.83) 1 (1.5) 1.21 (1.21)	<0.001	PN OPM	0.47 (1.79) 0.84 (1.62)	<0.079	Male Female	0.44 (1.54) 0.56 (1.79)	<0.563

4.3.2 Question 2: This question concerns the influence that the facility's promotion system for nurses has on racial, gender and hierarchical relationships. The results are displayed in Table 4.5 and 4.6.

Table 4.5: Summary of results pertaining to Question 2.

Q2 Has the facility's promotion systems for nurses improved or worsened...	Worsened -3		Worsened -2		Worsened -1		Stayed the same = 0		Improved +1		Improved +2		Improved +3	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Q2.1 ... racial relationships between African, Coloured, Indian and White nurses? (n=559)	53	9.5	33	5.9	58	10.4	189	33.8	88	15.7	78	14.0	60	10.7
Q2.2 ... gender relationships between men and women? (n=564)	23	4.1	15	2.7	29	5.1	219	38.8	109	19.3	86	15.2	83	14.7

Q2.3 ... hierarchical relationships between managers and nurses? (n=562)	55	9.8	46	8.2	73	13.0	165	29.4	106	18.9	67	11.9	50	8.9
Q2.4 ... provided more scope for fair promotion? (n=560)	92	16.4	49	8.8	72	12.9	157	28.0	87	15.5	63	11.3	40	7.1

Table 4.6: Statistical significant differences in terms of Question 2

Q2. Has the facility's (where you are employed) promotion systems for nurses improved or worsened ...	Race			Position			Gender		
	Mean(SD)		Sig	Mean(SD)		Sig	Mean(SD)		Sig
Q2.1... racial relationships between African, Coloured, Indian and White nurses?	African Coloured Indian White	0.40 (1.75) 0.00 (1.75) 1.58 (0.79) 0.20 (1.34)	.001	PN OPM	0.22 (1.66) 0.27 (1.73)	.609	Male Female	-.04 (1.64) 0.29 (1.67)	.235
Q2.2 ... gender relationships between men and women?	African Coloured Indian White	0.93 (1.54) 0.48 (1.55) 1.42 (1.08) 0.46 (0.88)	.000	PN OPM	0.68 (1.45) 0.70 (1.47)	.634	Male Female	0.47 (1.59) 0.73 (1.44)	.425
Q2.3 ...hierarchical relationships between managers and followers?	African Coloured Indian White	0.19 (1.89) -.01 (1.52) 1.00 (1.65) -.01 (1.23)	.075	PN OPM	0.01 (1.63) 0.47 (1.65)	.021	Male Female	0.06 (1.50) 0.11 (1.68)	.823
Q2.4 ...providing more scope for fair promotion?	African Coloured Indian White	-.09 (1.91) -.36 ((1.72) 1.36 (0.80) -.32 (1.47)	.004	PN OPM	-.30 (1.76) 0.18 (1.68)	.018	Male Female	-.02 (1.75) -.22 (1.77)	.351

4.3.3 Question 3: This question relates to the views of participants about promotional opportunities in general. The results are displayed in Table 4.7 and 4.8

Table 4.7: Summary of results pertaining to Question 3.

Q3 Please reflect on promotional opportunities in the workplace in general.	not at all		slightly		moderately		absolutely	
	n	%	n	%	n	%	n	%
Q3.1 Are promotional opportunities open to all? (n=545)	131	23.8	134	24.3	141	25.6	145	26.3
Q3.2 Are promotional opportunities fair? (n=542)	179	32.7	137	25.0	159	29.0	73	13.3
Q3.3 Are promotional processes transparent? (n=537)	188	34.6	143	26.3	139	25.6	73	13.4
Q3.4 Are promotional outcomes transparent? (n=538)	185	34.0	145	26.7	132	24.3	82	15.1

Table 4.8: Statistical significant differences as it relate to Question 3.

Q3 Please reflect on promotional opportunities in the work place in general.	Race			Position			Gender		
	Mean(SD)		Sig	Mean(SD)		Sig	Mean(SD)		Sig
Q3.1 Are promotional opportunities open to all?	African Coloured Indian White	2.36 (1.129) 2.62 (1.131) 2.67 (1.231) 2.92 (0.970)	<0.000	PN OPM	2.50 (1.113) 2.86 (1.092)	<0.009	Male Female	2.62(1.074) 2.54(1.124)	<0.653
Q3.2 Are promotion processes fair?	African Coloured Indian White	2.08 (1.029) 2.22 (1.048) 2.75 (1.055) 2.62 (0.996)	<0.000	PN OPM	2.19 (1.040) 2.55 (1.076)	<0.006	Male Female	2.32(0.98) 2.22 (1.052)	<0.473
Q3.3 Are promotion processes transparent?	African Coloured Indian White	1.97 (1.012) 2.31 (1.060) 2.25 (1.138) 2.53 (1.030)	<0.000	PN OPM	2.13(1.044) 2.45 (1.031)	<0.011	Male Female	2.32 (1.002) 2.16 (1.060)	<0.276
Q3.4 Are promotion outcomes transparent?	African Coloured Indian White	2.04 (1.097) 2.23 (1.035) 2.50 (1.168) 2.58 (0.985)	<0.000	PN OPM	2.15 (1.074) 2.53 (1.018)	<0.003	Male Female	2.36 (1.031) 2.19 (1.074)	<0.245

4.3.4 Question 4: This question relates to whether increase concerns arise when new promotional opportunities become available; that decision making be influenced by race, class, gender and the EEA. The results are displayed in Table 4.9.

Table 4.9: Summary of results pertaining to Question 4.

Q4. Do you experience that, when promotional opportunities become available, that there are increased concerns about whether ... will play a role in the appointment?	not at all		slightly		moderately		absolutely		Compared race	Compare d Position	Compared gender
	n	%	n	%	n	%	n	%	p	p	p
Q4.1 ... race (n=538)	146	26.6	86	15.7	99	18.0	218	39.7	.000	.826	.996
Q4.2 ... class (n=537)	181	33.1	150	27.4	124	22.7	92	16.8	.001	.542	.287
Q4.3 ... gender (n=536)	167	30.5	140	25.6	124	22.7	116	21.2	.000	.094	.573
Q4.4 ... the EEA (n=538)	99	18.0	140	25.5	117	21.3	193	35.2	.000	.106	.222

4.3.5 Question 5: This question focuses on the extent that the Employment Equity Act is implemented in a facility; the presence, training, encouragement and successes of African, Coloured and Indian nurses with promotion. The results are displayed in Table 4.10 and 4.11.

Table 4.10: Summary of results pertaining to Question 5.

Q5. Indicate the extent to which you think the EEA is implemented in the facility where you are employed:	not at all		slightly		moderately		absolutely	
	n	%	n	%	n	%	n	%
Q5.1 Promotions into leadership positions reflect the presence of African, Coloured and Indians nurses. (n=542)	105	19.0	135	24.4	170	30.7	143	25.9
Q5.2 African, Coloured and Indian nurses are encouraged to apply for promotion. (n=542)	100	18.1	127	23.0	146	26.4	180	32.5
Q5.3 African, Coloured and Indian nurses receive training that will enable them to be promoted. (n=542)	119	21.8	132	24.1	149	27.2	147	26.9
Q5.4 African, Coloured and Indian nurses are successful when applying for promotion. (n=534)	89	16.3	144	26.4	186	34.1	126	23.1

Table 4.11: Statistical significant differences as it relate to Question 5.

Q5 Indicate the extent to which you think the EEA is implemented in the facility where you are employed:	Race			Current Position			Gender		
	Mean(SD)		Sig	Mean(SD)		Sig	Mean(SD)		Sig
Q5.1 Promotions into leadership positions reflect the presence of.....nurses.	African Coloured Indian White	2.43 (1.115) 2.73 (0.969) 2.67 (1.073) 3.07 (0.932)	<0.000	PN OM	2.62 (1.061) 2.81 (0.995)	<0.174	Male Female	2.61 (0.862) 2.65 (1.076)	<0.666
Q5.2 ...nurses are encouraged to apply for promotion	African Coloured Indian White	2.58 (1.125) 2.74 (1.030) 2.50 (1.168) 3.27 (0.972)	<0.000	PN OM	2.76 (1.088) 2.78 (1.064)	<0.906	Male Female	2.59 (1.079) 2.76 (1.096)	<0.280
Q5.3 ...nurses receive training that will enable them to be promoted.	African Coloured Indian White	2.43 (1.071) 2.56 (1.092) 2.92 (1.165) 3.07 (1.029)	<0.000	PN OM	2.59 (1.102) 2.73 (1.062)	<0.336	Male Female	2.27 (1.026) 2.63 (1.102)	<0.029
Q5.4 ...nurses are successful when applying for promotion.	African Coloured Indian White	2.52 (1.017) 2.55 (0.990) 2.82 (0.874) 3.16 (0.863)	<0.000	PN OM	2.63 (0.990) 2.77 (1.045)	<0.238	Male Female	2.54 (0.849) 2.66 (1.017)	<0.323

4.3.6 Question 6: This question concerns the possibility that the facility's promotional practices could reflect an over-consideration of the one or other race group. The results are displayed in Table 4.12 and 4.13.

Table 4.12: Summary of results pertaining to Question 6.

Q6. In your opinion, do the facility's promotion practices reflect an over-consideration of ...	not at all		slightly		moderately		absolutely	
	n	%	n	%	n	%	n	%
Q6.1 ... African nurses? (n=528)	166	30.9	97	18.0	102	19.0	173	32.2
Q6.2 ... Coloured nurses? (n=524)	154	28.9	146	27.4	166	31.1	67	12.6
Q6.3 ... Indian nurses? (n=518)	230	43.6	159	30.2	105	19.9	33	6.3
Q6.4 ... White nurses? (n=525)	190	35.6	124	23.2	86	16.1	134	25.1

Table 4.13: Statistical significant differences as it relate to Question 6.

Q6. In your opinion, do the facility's promotion practices reflect an over-consideration of ...	Race			Current Position			Gender		
	Mean(SD)		Sig	Mean(SD)		Sig	Mean(SD)		Sig
Q6.1 ... African nurses?	African	2.21 (1.187)	<0.000	PN	2.46 (1.223)	<0.002	Male	2.21 (1.122)	<0.069
	Coloured	2.29 (1.074)		OM	2.95 (1.192)		Female	2.56 (1.235)	
	Indian	1.94 (1.007)							
	White	2.56 (1.294)							
Q6.2 ... Coloured nurses?	African	2.95 (1.143)	<0.096	PN	2.29 (1.021)	<0.644	Male	2.36 (1.051)	<0.654
	Coloured	2.29 (0.881)		OM	2.34 (0.989)		Female	2.28 (1.011)	
	Indian	1.84 (0.815)							
	White	2.24 (1.078)							
Q6.3 ... Indian nurses?	African	1.64 (1.120)	<0.235	PN	1.91 (0.936)	<0.186	Male	1.94 (0.885)	<0.578
	Coloured	1.50 (0.850)		OM	1.77 (0.936)		Female	1.89 (0.944)	
	Indian	1.36 (0.674)							
	White	2.00 (1.183)							
Q6.4 ... White nurses?	African	2.68 (1.231)	<0.000	PN	2.37 (1.206)	<0.053	Male	2.71 (1.184)	<0.019
	Coloured	2.34 (1.078)		OM	2.05 (1.053)		Female	2.28 (1.191)	
	Indian	1.95 (0.988)							
	White	1.78 (0.889)							

4.3.7 Question 7.1: This question concerns the facility (organisation) where one is currently employed and it explores if the coming from a middle class background, influences the success rate of promotion of the various race groups. The results are displayed in Table 4.14 and 4.15.

Table 4.14: Summary of results pertaining to Question 7.

Q7.1 With regard to promotion, does coming from a middle class background influence the success rate of...?	not at all		slightly		moderately		absolutely	
	n	%	n	%	n	%	n	%
Q7.1.1 ... African nurses? (n=538)	289	53.1	88	16.2	93	17.1	74	13.6
Q7.1.2 ... Coloured nurses? (n=525)	281	52.9	102	19.2	92	17.3	56	10.5
Q7.1.3 ... Indian nurses? (n=518)	298	56.9	97	18.5	96	18.3	33	6.3
Q7.1.4 ... White nurses? (n=524)	302	57.0	66	12.5	70	13.2	92	17.4

Table 4.15: Statistical significant differences as it relate to Question 7.

Q7.1 With regard to promotion does coming from a middle class background influence the success rate of....:	Race			Current Position			Gender		
	Mean(SD)		Sig	Mean(SD)		Sig	Mean(SD)		Sig
Q7.1.1 ...African nurses.	African Coloured Indian White	1.98 (1.099) 1.86 (1.111) 1.45 (0.820) 1.83 (1.136)	<0.160	PN OM	1.89 (1.101) 1.95 (1.133)	<0.733	Male Female	1.85 (0.967) 1.91 (1.121)	<0.884
Q7.1.2 ... Coloured nurses.	African Coloured Indian White	1.92 (1.029) 1.83 (1.075) 1.50 (0.707) 1.76 (1.069)	<0.224	PN OM	1.88 (1.057) 1.69 (0.988)	<0.149	Male Female	2.02 (1.043) 1.84 (1.046)	<0.148
Q7.1.3 ...Indian nurses.	African Coloured Indian White	1.79 (0.954) 1.68 (0.951) 1.45 (0.688) 1.71 (1.023)	<0.431	PN OM	1.78 (0.982) 1.47 (0.804)	<0.010	Male Female	1.87 (0.924) 1.72 (0.965)	<0.149
Q7.1.4 ... White nurses.	African Coloured Indian White	2.07 (1.252) 1.73 (1.067) 1.64 (1.027) 1.80 (1.097)	<0.036	PN OM	1.96 (1.195) 1.54 (0.918)	<0.008	Male Female	2.13 (1.154) 1.89 (1.177)	<0.073

Question 7.2: This question concerns the facility (organisation) where one is currently employed and it explores if the coming from a working class background, influences the success rate of promotion within the various race groups. The results are displayed in Table 4.16 and 4.17.

Table 4.16: Summary of results pertaining to Question 7.2.

Q7.2 With regard to promotion, does coming from a working class background influence the success rate of....:	not at all		slightly		moderately		absolutely	
	n	%	n	%	n	%	n	%
Q7.2.1 ... African nurses? (n=537)	265	49.3	104	19.4	96	17.9	72	13.4
Q7.2.2 ... Coloured nurses? (n=527)	264	50.1	115	21.8	94	17.8	54	10.2
Q7.2.3 ... Indian nurses? (n=517)	286	55.3	104	20.1	92	17.8	35	6.8
Q7.2.4 ... White nurses? (n=524)	292	55.7	79	15.1	68	13.0	85	16.2

Table 4.17: Statistical significant differences as it relate to Question 7.2

Q7.2 With regard to promotion, does coming from a working class background influence the success rate of....:	Race			Current Position			Gender		
	Mean(SD)		Sig	Mean(SD)		Sig	Mean(SD)		Sig
Q7.2.1 ...African nurses?	African Coloured Indian White	2.04 (1.089) 1.92 (1.126) 2.36 (0.809) 1.71 (1.054)	<0.014	PN OM	1.96 (1.093) 1.88 (1.092)	<0.509	Male Female	2.19 (0.938) 1.92 (1.105)	<0.027
Q7.2.2 ... Coloured nurses?	African Coloured Indian White	1.94 (1.022) 1.85 (1.053) 2.10 (0.738) 1.76 (1.054)	<0.164	PN OM	1.89 (1.035) 1.69 (0.973)	<0.104	Male Female	2.17 (0.950) 1.85 (1.037)	<0.011
Q7.2.3 ...Indian nurses?	African Coloured Indian White	1.81 (0.965) 1.70 (0.969) 2.09 (0.831) 1.67 (0.971)	<0.167	PN OM	1.80 (0.976) 1.42 (0.768)	<0.002	Male Female	2.04 (0.833) 1.73 (0.975)	<0.004
Q7.2.4 ... White nurses?	African Coloured Indian White	2.05 (1.230) 1.74 (1.074) 2.18 (1.079) 1.74 (1.015)	<0.044	PN OM	1.96 (1.175) 1.46 (0.825)	<0.002	Male Female	2.21 (1.062) 1.86 (1.153)	<0.009

4.3.8 Question 8: This question concerns the opinions of the participants on whether the management of the facility seem to place 'less' or 'more' value on the competencies of nurses of the various race groups. The results are displayed in Table 4.18 and 4.19

Table 4.18: Summary of results pertaining to Question 8.

Q8 Does the management of the facility where you are employed seem to place more or less value on the competencies of ...	less value -3		less value -2		less value -1		Neutral = 0		more value +1		more value +2		more value +3	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Q8.1 ... African nurses? (n=548)	77	14.1	41	7.5	43	7.8	208	38.0	42	7.7	59	10.8	78	14.2
Q8.2 ... Coloured nurses? (n=532)	21	3.9	19	3.6	27	5.1	227	42.7	69	13.0	75	14.1	94	17.7
Q8.3 ... Indian nurses? (n=517)	31	6.0	24	4.6	23	4.4	279	54.0	54	10.4	54	10.4	52	10.1
Q8.4 ... White nurses? (n=522)	23	4.4	10	1.9	18	3.4	227	43.5	60	11.5	63	12.1	121	23.2

Table 4.19: Statistical significant differences as it relate to Question 8.

Q8 Does the management of the facility where you are employed seem to place more or less value on the competencies of ...	Race			Current Position			Gender		
	Mean(SD)		Sig	Mean(SD)		Sig	Mean(SD)		Sig
Q8.1African nurses.	African	0.22 (1.867)	<0.165	PN	1.89 (1.101)	<0.428	Male	0.02 (1.880)	<0.884
	Coloured	-0.16 (1.903)		OM	1.95 (1.133)		Female	0.05 (1.849)	
	Indian	-0.08 (1.443)							
	White	0.06 (1.657)							
Q8.1 ... Coloured nurses.	African	0.65 (1.555)	<0.000	PN	1.88 (1.057)	<0.738	Male	0.96 (1.492)	<0.194
	Coloured	1.03 (1.603)		OM	1.69 (0.988)		Female	0.68 (1.538)	
	Indian	0.17 (1.115)							
	White	0.26 (1.250)							
Q8.1 ...Indian nurses.	African	0.17 (1.530)	<0.064	PN	1.78 (0.982)	<0.108	Male	0.36 (1.368)	<0.701
	Coloured	0.53 (1.470)		OM	1.47 (0.804)		Female	0.29 (1.465)	
	Indian	-0.08 (0.669)							
	White	0.20 (1.303)							
Q8.1 ... White nurses	African	0.84 (1.789)	<0.017	PN	1.96 (1.195)	<0.058	Male	0.87 (1.700)	<0.780
	Coloured	1.06 (1.479)		OM	1.54 (0.918)		Female	0.85 (1.567)	
	Indian	0.83 (1.193)							
	White	0.50 (1.086)							

4.3.9 Question 9: This question concerns the views of the participants on whether they have experienced discrimination at in their current workplace based on age, gender, their marital status, race, disability, sexual orientation, religious beliefs and any other issues. The results are displayed in Table 4.20.

Table 4.20: Frequency results and statistical significance differences (p) relating to Question 9.

Q9.Do you believe that you have been discriminated against in your current workplace in terms of	Yes		No		Compared Position		Compared Race	Compared Gender	
	n	%	n	%	Fisher Exact p	Pearson Chi-Sqr p	Pearson Chi-Sqr p	Fisher Exact p	Pearson Chi-Sqr p
Q9.1 ... age? n=559	58	10.4	501	89.6		0.397	0.579	0.806	
Q9.2 ... gender? n=549	29	5.3	520	94.7	0.403		0.112	0.027	
Q9.3 ... marital status? n=555	29	5.2	526	94.8	0.405		0.052	1.000	
Q9.4 ... race/ethnicity/nationality? n=557	97	17.4	460	82.6		0.272	0.113		0.058
Q9.5 ... disability? n=555	8	1.4	547	98.6	0.609		0.118	1.000	
Q9.6 ... sexual orientation? n=555	10	1.8	545	98.2	0.371		0.960	1.000	
Q9.7 ... religious belief? n=545	20	3.7	525	96.3	0.336		0.007	0.675	
Q9.8 ... any other? n=527	35	6.6	492	93.4	0.203		0.139	0.508	

Table 4.21: Cross tabulation of Q9.2 to display detail responses with regard to gender

Q9.2. Do you believe that you have been discriminated against in your current workplace in terms of gender?	Male		Female		Total	
	n	%	n	%	n	%
Yes	6	13.0	23	4.6	29	5.3
No	40	87.0	480	95.4	520	94.7
Total	46	100.0	503	100.0	549	100.0

Table 4.22: Cross tabulation of Q9.7 to display detail responses with regard to religion

Q9.7. Do you believe that you have been discriminated against in your current workplace in terms of religion?	African		Coloured		Indian		White		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	17	6.6	1	0.6	0	0.0	2	2.1	20	3.7
No	242	93.4	180	99.4	11	100.0	92	97.9	525	96.3
Total	259	100.0	181	100.0	11	100.0	94	100.0	545	100.0

4.3.10 Question 10: The question concerns the views of the participants in relation to whether competencies are adequately assessed during the promotion process. The results are displayed in Table 4.21 and Table 4.22.

Table 4.21: Summary of results pertaining to Questions 10 to 12.

	not at all (=1)		Slightly (=2)		Moderately (=3)		Extremely (=4)
	n	%	n	%	n	%	n
Q10. To what extent do you feel that the competencies are adequately assessed during the application for promotion process?	265	49.3	104	19.4	96	17.9	72
Q11. To what extent have you been exposed to career development opportunities?	264	50.1	115	21.8	94	17.8	54
Q12. Do you, at this point and time, feel empowered enough to occupy a leadership role?	286	55.3	104	20.1	92	17.8	35

Table 4.22: Statistical significant differences as it relate to Question 10 to 12.

	Race			Current Position			Gender		
	Mean(SD)		Sig	Mean(SD)		Sig	Mean(SD)		Sig
Q10. To what extent do you feel that the competencies are adequately assessed during the application for promotion process?	African Coloured Indian White	2.56 (0.954) 2.59 (0.989) 2.80 (0.837) 2.47 (0.882)	<0.825	PN OM	2.44 (0.922) 2.92 (0.962)	<0.001	Male Female	2.74 (0.810) 2.54 (0.961)	<0.372
Q11. To what extent have you been exposed to career development opportunities?	African Coloured Indian White	2.81 (3.662) 2.61 (0.944) 2.33 (0.816) 2.70 (0.803)		PN OM	2.71 (3.077) 2.72 (0.915)		Male Female	2.71 (0.908) 2.72 (2.749)	
Q12. Do you, at this point and time, feel empowered enough to occupy a leadership role?	African Coloured Indian White	2.96 (1.897) 3.19 (0.924) 2.33 (1.211) 3.07 (0.828)		PN OM	2.99 (1.65) 3.18 (0.91)		Male Female	2.87 (1.058) 3.06 (1.511)	

ANNEXURE I: TABLES REFLECTING THE INFERENCES FROM THE QUANTITATIVE AND QUALITATIVE DATA

Table 7.1: The quantitative inferences grouped in terms of race, class and gender

Race	Class	Gender
<ul style="list-style-type: none"> • The application of the EEA had mostly improved racial relationships. The Coloured group was the most divided on whether the application of the EEA assisted in improving racial relationships. • The application of the EEA had mostly led to an increase in the promotion of African, Coloured and Indian nurses. The Coloured group was the most divided on this issue. • Promotion systems at institutions has mostly contributed to improved racial relationships. The White and Coloured groups were less convinced. • Promotional opportunities are mostly open to all. The African group was the least convinced about the openness of promotional opportunities. The Coloured and African groups were the least convinced that promotional processes are fair. The African, Coloured and Indian groups were all sceptical about the openness of promotional processes. The African and Coloured group were the least convinced about the openness of promotional outcomes. • Most participants indicated that there are increased concerns that race will play a role. The Coloured and White groups were the most concerned and the Indian group the least. • Most groups were moderately convinced that nurses from previous disadvantaged groups occupy leadership positions. The White group was the most convinced; the African group was the least convinced. • Most groups indicated that nurses from previous disadvantaged groups are encouraged to apply for promotion. The White group was almost absolutely certain, whereas the African and Coloured group were certain to a lesser extent. 	<ul style="list-style-type: none"> • The application of the EEA had mostly improved hierarchical relationships. Indians the most positive; Coloured and White groups were less convinced. PNs less convinced than managers • Promotion systems mostly contributed to improved hierarchical relationships. Managers were more positive than professional nurses. • Managers were more convinced than PNs that promotion opportunities are open to all. • Most participants viewed promotional processes to be unfair. • Managers were more convinced than PNs that promotion processes are fair. • Managers were more convinced than PNs that promotional processes are transparent. • Managers were more convinced than PNs about the transparency of promotional outcomes. • Mostly viewed promotional processes not to be transparent. • The Indian and White groups were the least concerned that class will play a role; the Coloured and African groups were more concerned but divided. • Managers were more convinced than professional nurses that African nurses are over-considered for promotion • Most participants indicated that a middle class background does not influence the success rate of the promotion of nurses from previous disadvantaged groups. 	<ul style="list-style-type: none"> • The application of the EEA had mostly improved gender relationships. The Coloured group was the most divided on whether the application of the EEA assisted in improving gender relationships. • Promotion systems mostly contributed to improved gender relationships. The Indian group is the most convinced. African and Coloured groups agreed but were quite divided. The White group was slightly positive. • Most participants were not concerned that gender will play in role when new promotional opportunities become available; however the Coloured group was the most concerned. • Males were less convinced than the females that nurses from previous disadvantaged groups receive training that will enable them to be promoted. • Males were more convinced than females that White nurses are favoured with regard to promotion. • Males were more convinced than females that a working class background influences the success rate of African nurses. • Males were more convinced than females that a working class background could influence the promotion of Coloured nurses. • Males were also more convinced than females that a working class background could influence the chances of Indian nurses to be promoted. • Males were more convinced than females that a working class

Race	Class	Gender
<ul style="list-style-type: none"> • Most participants were moderately to absolutely certain that nurses from previous disadvantaged groups are successful when they apply for promotion. The White group appeared to be very certain. African, Coloured and Indian nurses were less convinced. • Most participants indicated that African nurses are over-considered for promotion. Coloured and White participants were more certain yet divided that African nurses are over-considered for promotion. • Most participants indicated that Coloured and Indian nurses are not over-considered for promotion. • Most participants were convinced that promotion practices favours White nurses. African nurses were mostly convinced that White nurses are over-considered/favoured in promotion practices. White nurses were the least convinced that they are over-considered for promotion. • Management seem to consider the competencies of White and Coloured nurses more and the least to that of African nurses. • White nurses viewed management to consider the competencies of Coloured nurses slightly more. • The Coloured and African nurses indicated that the competencies of Coloured nurses are viewed moderately more by management. • The African group was mostly convinced that management place more value on the competencies of White nurses, followed by Coloured and Indian groups. • The White group themselves was the least convinced that the management of their respective facilities places more value on their competencies. • More Africans reported to experience discrimination relating to religion than any other race • Most participants reported to experience discrimination in terms of race, followed 	<ul style="list-style-type: none"> • The professional nurses were more convinced than the managers that coming from a middle class background influences the success rate of promotion of nurses from previous disadvantaged groups . • Coloured and Indian nurses were the most convinced and in agreement that coming from middle class background has little influence on the career successes of White nurses. • Most participants indicated that a working class background does not influence the promotion of African nurses. White nurses were the least convinced of this possibility. • Most participants indicated that coming from a working class background does not influence the promotion of Coloured nurses. • Most participants indicated that coming from a working class background does not influence the promotion of Indian nurses. • Professional nurses were more certain than managers that coming from a working class background, influences the promotion of Indian nurses. • Most participants indicated that coming from a working class background does not influence the promotion of White nurses. • White and Coloured nurses were the least convinced that a working class background could influence the success rate of White nurses to be promoted. • Professional nurses were more in agreement than the managers that coming from a working class background influence the career successes of White nurses. • Managers were more convinced than PNs that competencies are adequately assessed during the promotion process. 	<p>background could influence the career successes of White nurses.</p> <ul style="list-style-type: none"> • More males reported to experience discrimination than females

Race	Class	Gender
<p>by age and a variety of other forms of discrimination.</p> <ul style="list-style-type: none"> • The White group reported to feel slightly empowered to occupy a leadership role • African, Coloured and Indian groups reported to feel moderately empowered to occupy a leadership role 		
Responses to the open-ended questions in terms of race, class and gender (inferences)		
Race	Class	Gender
<p>Public sector WC:</p> <ul style="list-style-type: none"> • There is apprehension/anxiousness about the appointment of Africans in managerial positions. • Africans commented that Coloureds are favoured • Africans are not exposed to managerial duties. • Managerial duties mostly managed by Coloured and White staff members. • Qualified African nurses are not granted opportunities to engage in specific tasks; therefore limiting their experiences. • Line manager would communicate with junior Coloured nurses and not the African PN. • Development and empowerment on hospital level seem to contain discriminatory elements • Less qualified White and Coloured nurses are employed in managerial positions. • African nurses require opportunities to engage in the practical side of what is required whether clinical or managerial. • Mistakes committed by White nurses are dealt with in a softer way. • Mistakes committed by African nurses are dealt with in a harsher way. • Coloured participants expressed concerns about racial relationships and ascribe the tensions to the employment of African nurses. • Coloureds seem not to value the implementation of the EEA • Coloureds indicate that Africans are favoured through the EEA 	<p>Managerial power:</p> <ul style="list-style-type: none"> • autocratic managerial practices. • Line manager has to write a motivation for a PN who wishes to obtain study leave or apply for promotion. • PN who has a poor relationship with the line manager stands a chance to miss the opportunity to study or being promoted as line managers could use their power to limit opportunities. • Managers allow relationships to influence appointments • Exposure to career development opportunities apparently depend on your relationship with your manager • Private sector - punitive behaviour (being disciplined for minor mistakes) and little recognition bestowed to staff. • Those who are clinically very competent are not promoted due to the value of their competencies and the possibility of not finding a replacement. • There is a possibility that promotion might be deliberately withheld from those who are clinically very competent. • Management to take the lead with regard to studies that staff need to complete since managerial support are seemingly lacking. • Management has to recognize developmental needs pertaining to nursing management and then 	<p>Public sector WC:</p> <ul style="list-style-type: none"> • Males are appointed irrespective of a mark allocation of <50% for the selection interview. <p>Public sector Gauteng:</p> <ul style="list-style-type: none"> • Different views were reported about the promotion of males: • There is improvement in the promotion of males • Males are not fairly treated in terms of promotion • Males are favoured; males get preferential treatment and more respect than females <p>Private sector</p> <ul style="list-style-type: none"> • Different views • Absence of males in senior managerial positions • Favouritism of males; males are better remunerated.

Race	Class	Gender
<ul style="list-style-type: none"> Nursing services are deteriorating and the deterioration is ascribed to African leadership in nursing. <p>Private sector WC:</p> <ul style="list-style-type: none"> Africans aware of their low presentation in managerial positions at private hospitals in the province. Africans are not encourage to apply for promotions. Coloured PN not promoted despite years of experience as a shift leader. Racial relationships need to improve. White participants were concerned that race would take precedence over qualifications and experience. <p>Public sector Gauteng:</p> <ul style="list-style-type: none"> There is awareness of the absence of diversity in managerial positions. African dominance in managerial positions is related to the geographical area <p>Private sector Gauteng:</p> <ul style="list-style-type: none"> In general, satisfaction with the application of the EEA. There are concerns about the role of race in promotions but in a less anxious manner. White nurses are preferred for managerial positions. White nurses are more successful than the female of colour. African nurses are considered for lower positions; viewed as inferior; participants viewed promotion to be unfair as more African people are promoted. <p>General race related discriminatory practices:</p> <ul style="list-style-type: none"> Race-based favouritism pertaining to opportunities for staff development, promotion and empowerment. African nurses to be less productive, incompetent, not so clever yet displaying a sense of entitlement for special treatment due to employment equity legislation; are merely employed in an effort to adhere to the EEA. Visitors display distrust in the competencies of African nurses, viewed 	<p>take the lead in assisting the staff to become more skilled.</p> <ul style="list-style-type: none"> It is rather problematic to obtain study leave in both the public and private sector. Not being granted study leave is problematic as the participant is thus not able to enrol for a course. Those who are loyal are more easily awarded study leave, promotion and sent for training <p>Managerial structures such as promotional process:</p> <ul style="list-style-type: none"> Absence of feedback on promotional outcomes Not all promotional opportunities are advertised; notion of selective recruitments and appointments. Unhappiness about acting as a unit manager and someone else is appointed. Horizontal movements to fill managerial positions and that these positions are then not advertised. Suspicion that the candidate has been earmarked beforehand and that the advert and interview process are about following protocol. Upward mobility is related to either influence, or being favoured by someone in a higher position. Influence, favouritism, bribery, good relationships, tribalism, affiliation with social clubs and family ties among African nurses seem to influence promotion practices. Interview is not a reliable way to determine who should be appointed Interview questions are structured in an awkward way. Notion that a diploma in nursing management is a prerequisite for promotion.. 	

Race	Class	Gender
<p>as less intelligent and competent merely due to being African.</p> <ul style="list-style-type: none"> • Doctors prefer White nurses and bestow less respect to African nurses. • Some doctors complete their rounds in Afrikaans making it difficult for the non-Afrikaans nurse to understand them. • At times Coloured nurses are also viewed as incompetent. • Less respect for Africans, more respect for Whites • Some White nurses would not greet African nurses who greet them. • African nurses have to work harder, have better qualifications, to be more skilled in order to be respected. • Promotion is solely based on race and since Africans are viewed as inferior, African nurses struggle to be promoted. • White nurses view themselves as superior and would not consult African nurses if they are not knowledgeable about something. • White nurses are viewed to have more value due to their superior school background and being White. • White nurses are better treated and remunerated irrespective of their competencies. • Being White and having good relationships with management are advantageous; it is not about qualifications and experience. • Doctors seem to prefer White nurses. • White nurses reported discrimination due to the implementation of the EEA, to have missed opportunities for promotion. • White seniors are granted less respect and reportedly experience reverse discrimination. • African nurses reported discriminatory behaviour such as additional workload, being addressed in Afrikaans and that preference is given to White PNs. • Coloured managers struggle to accept African PNs. • The use of Afrikaans in the clinical area is problematic as it excludes non-Afrikaans 	<ul style="list-style-type: none"> • Competencies are not adequately assessed in the promotion process; questions being asked do not address the assessment of competencies. • Promotion seem to evade those with qualifications such as postgraduate degrees, specialities and many years of experience. • Those with the necessary qualifications are also not very successful • Successful promotion is seemingly dependent on qualifications and experience • Qualifications and experience are not valued • Qualifications of African nurses not valued • Qualifications and experience goes hand in hand with hard work • Best candidate not always appointed <p>Background of individual, societal position, job title etc.</p> <ul style="list-style-type: none"> • One group of responses suggest that class plays no role in promotion. • Other responses indicate that a classy background, language proficiency, an eloquent way of speaking and sound conduct count. • Some responses indicate that a working class background does not influence promotion. • Other responses suggest that a working class background plays a role as it influences one's ability to maintain standards and your image as a leader. • Appearances and eloquently speaking are valued by some nurse leaders. <p>Patriarchal structures</p> <ul style="list-style-type: none"> • Nurses are verbally abused by doctors. 	

Race	Class	Gender
<p>speaking nurses such as some African nurses. Management tend to indifferent to the issue of speaking Afrikaans in the workplace.</p> <ul style="list-style-type: none"> • Management do not want African nurses to converse in ethnic languages in the workplace • African culture and religion less respected than Muslim religion • White staff members with physical problems will be assigned tasks that fit their physical abilities; • Staff members of colour do not receive assistance in this regard. 		
Other forms of discrimination		
<ul style="list-style-type: none"> • Young PNs reported being granted less respect, that older staff disregard their orders, to be assigned a higher workload and that some staff members are sceptical of their competencies. • Older PNs indicated fewer opportunities for study leave and promotion due to their age; that years of maturity and experience are not acknowledge. • Management not very accommodative with requests pertaining to leave due to parental responsibilities • PNs with a few kids are reported to be less successful with applications for study leave. • PNs with no kids or independent kids experience discrimination with off duties, the granting of leave during school holidays and having to stand in for married staff members with school going kids. • Applications for compassionate leave not well accepted by management. • Promotion was revoked due to being pregnant. • Being pregnant is not well accepted by management. • Staff shortages limit the availability of additional staff who can assist with the prevention of potential situations that could aggravate existing back conditions. • Physical condition of a staff member is not always considered when roles are assigned or placements are allocated e.g. which ward to work in. • Discrimination practiced in terms of who with physical problems are accommodated in the workplace. • Reporting to be sick is not well accepted by management. • Patients and staff members seem to be uncomfortable with gay people. Gay nurses might be viewed as incompetent. • Muslim nurse uncomfortable with praying routines practiced by other religions in the morning. • Staff shortages especially over weekends and night duty is stressful. • Presence of hetero-negativity - a gay manager presumably encourage the promotion of other gay staff members. 		
Succession planning/continuous professional development (CPD)		
<ul style="list-style-type: none"> • Knowledge is lacking about recruitment and promotional processes. • There is a lack of succession planning and preparing candidates to be appointable. • Notion that succession planning is rather selective and focussed on certain individuals which creates ideas about favouritism and that candidates have been identified beforehand. • Some suggested there are ample career development opportunities; others indicated that developmental opportunities are minimal. • Others struggle to attend career development opportunities due to a high workload • Some have clinical and administrative duties; subsequently less time for personal development • Notifications pertaining to short courses and in-service training should be communicated in due time. • Financial constraints cited for not studying 		

Race	Class	Gender
<ul style="list-style-type: none"> • Staff shortages seems to impact opportunities for empowerment • Needs were expressed for: <ul style="list-style-type: none"> ○ Leadership development such as exposure, empowerment, chance to lead, assistance with decision making and mentoring. ○ Exposure to middle management duties ○ Assistance with obtaining postgraduate qualifications such as a diploma in nursing management ○ Training pertaining to computer literacy. ○ Financial aid pertaining to postgraduate studies (both sectors). ○ Succession planning and guidance regarding elements of the promotional process such as the interview. ○ Those promoted expressed a need for orientation. 		
Personal issues hampering advancement		
<ul style="list-style-type: none"> • Struggle with anxiety during interview and a lack of confidence • Personal responsibilities such as kids pose a hindrance to furthering the career of certain participants 		

Table 7.2: The qualitative inferences grouped in terms of race, class and gender

The qualitative inferences: In this section the qualitative inferences are sorted and displayed according to the framework, i.e. race, class and gender		
Race	Class	Gender
<ul style="list-style-type: none"> • Selection panels in the public sector in the WC are diverse in terms of race and gender. • Selection panels in the public sector in Gauteng is not necessarily diverse in terms of race as management is mostly African • Selection panels in the private sector are not always diverse in terms of race since at times senior management is mostly White. • Reluctance among some White nursing service managers (private sector) to employ qualified females of colour who do not have experience. • African nursing service managers (private sector) are less concerned about experience but seem to prefer managerial qualifications. • Female of colour fare badly in the interview when compared to the White female • Female of colour is perceived to have a lack of self-believe. 	<p>Class as it relates to the background of the individual:</p> <ul style="list-style-type: none"> • Socio-economic background of the candidate not important but the competency profile • Neat, professional appearance is valued in the interview • Members of the selection panel confirm that class plays a role in who gets appointed • A lack of refinement and education could hinder promotion • Candidates to be informed about shortcomings in terms of grooming and supported to overcome it • Candidates should preferably have sound communication skills • Candidates should not be loud as loudness is viewed as less classy • Classy background plays a role as it ensures that candidate is educated and able to enter the job market. • A rural or township background tend to limit exposure and therefore opportunity for promotion <p>Managerial power as it relates to influence:</p>	<ul style="list-style-type: none"> • African males tend to shift they workload to women revealing a tendency to dominate. • Male nurses are apparently promoted at public sector hospitals irrespective of a poor performance in the interview. • A male nurse manager manipulated the promotion system to appoint another male with no previous managerial experience into a middle management position. • Male managers at the hospital initially refused to assist the female who declared a dispute. • Males are observed as lazy

<ul style="list-style-type: none"> • Some female of colour do not believe that they are destined for greater heights. • White nurse managers apparently do not understand the mind frame of the oppressed. • African nurse managers understand why the female of colour might seemingly lack confidence. • Some females of colour are reluctant to apply for junior managerial positions as they are dependent on the allowances that accompany the basic salary of a PN. • Trend among females of colour to resign as they are in need of the money in their pension fund. • Subservient upbringing apparently inhibits some females of colour to consider a managerial position. • Some females of colour are apparently scared to occupy managerial positions due to be conditioned by apartheid to fulfil a subordinate role. • Female of colour with qualifications and experience was unsuccessful in the WC in the public sector. • Female of colour with qualifications and experience was twice not shortlisted in the WC in the public sector. • Female of colour with qualifications and experience was twice unsuccessful in the WC in the private sector. • Female of colour who commenced their careers in the eighties and nineteen hundreds seem to take longer to reach career heights compared to the White female of the same period. • Female of colour who commenced their nursing career after 2000 in both sectors seem to reach career heights faster than those in the nineteen hundreds. 	<ul style="list-style-type: none"> • Public sector - Strategic political appointments are made to due to the influence that the candidate has on provincial level • Tendency observed that provincial government override appointments made by selection panel on hospital level and then appoint a candidate that is affiliated to a specific political party • Appointments might be influenced by Afrikaner Broederbond affiliations i.e. support for the appointments of other Afrikaners. • Some female of colour candidates are disadvantaged by not being able to express themselves in English during the interview. • The ability to speak Afrikaans is advantageous if person is applying for a position in a predominantly Afrikaans speaking area/hospital • The recruitment policy of the public sector allows candidates to be interviewed in a language that they are comfortable with. • A few nurse managers expressed understanding for the language issue as English is not the first language of many of the candidates. • The poor performance of the female of colour in the interview was ascribed to experiencing difficulty in articulating what they wish to convey in English and the education system. • Nurse managers display autocratic managerial practices; others display aloofness. • Autocratic managerial practices tend to limit the autonomy of followers. • Some White nurse managers reported to be loud and scary. <p>Managerial power contained in structures and procedures</p> <ul style="list-style-type: none"> • Public sector: CVs are evaluated by the selection panel as a whole. • Private sector: CVs are not necessarily evaluated by more than one person. 	
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<ul style="list-style-type: none"> • White Afrikaner doctors resisted the presence of an African nursing service manager. • White Afrikaner patients and family were uncomfortable that African nurses provide nursing care to them. • African nurse managers in a traditionally White Afrikaner environment could experience distinct elements of racial bias. • White doctors treat an African hospital manager with disdain. • Promotion - tendency to support own kind in terms of race • Scepticism displayed towards the competencies of an African nurse manager • Less respect bestowed to African females by White people in the workplace • Incidents of overt racism seem to influence decision making about appointing people of colour at hospitals situated in traditionally Afrikaans speaking areas. • White Afrikaans speaking doctors practicing at predominantly Afrikaans speaking hospitals are less receptive to African females but receptive of White females. • African nurse academics are apparently subjected to racial bias and discriminatory practices. • The careers of White female academics are apparently supported by other White people with power. • Paternalistic attitudes of management may serve as a barrier to the implementation of the EEA. • Discerning attitudes of White medical doctors towards people of colour seem to influence the application of the EEA • Efforts to consider the preferences of White medical doctors could 	<ul style="list-style-type: none"> • Potential candidates for junior nurse manager positions who do not have managerial experience should ideally provide evidence of CPD or other efforts relating to empowerment in terms of how to lead. • Potential candidates should be well prepared for the interview and have knowledge about the institution/organisation. • Not everyone who is competent and impress during the interview is able to lead. • Candidates who underwent succession planning and empowerment are better options since the organisational structures are known to them. • Managerial support and succession planning are advantageous for the careers of previous disadvantaged candidates. • Convenient to develop internal candidates. • A too strong focus on internal candidates could minimise the chances of EE candidates. • Not all promotional positions are advertised. • At times suitable previous disadvantaged candidates are merely appointed. • Internal candidates might not be adequately prepared/supported on how to manage the selection interview. • Formal setting of a selection interview could be intimidating and influence your performance due to being nervous. Interview panel might show interest in what you are saying. • Some candidates struggle to impress during the interview; some not able to engage in a formal conversation. • Some candidates who were confident in interview and subsequently appointed were not able to display confidence and competency with the work itself. 	
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<p>imply the possible marginalization of the females of colour.</p> <ul style="list-style-type: none"> • Discerning attitudes of White medical doctors towards people of colour seem to be more evident in traditionally Afrikaans speaking hospitals/areas. 	<ul style="list-style-type: none"> • The method of assessment of candidates in the public sector depends on the seniority of the position. • Private healthcare – method of assessment depends on the seniority of the position • An interview is considered fit for positions lower than middle management • Middle to higher managerial positions: interview, personality and competency tests are conducted. • Several nurse managers, public and private sector, explained a need to ask questions during an interview of that would shed light on the personality of a candidate. • Interview guides are structured to explore competencies and experiences • Scenarios are used to determine competencies with managerial functions. <p>Managing the EEA</p> <ul style="list-style-type: none"> • All institutions confirmed that they consider the EEA • The monthly statistical data that displays the progress that has been achieved with diversity is used when people are appointed in promotional positions. • All CVs that fit the requirements of a position are ordered according to the statistical data of the institution in terms of which designation group is to be appointed. • If no suitable candidates of previous disadvantaged groups are found after a second round of recruitment, the best candidate from the White group is appointed. The appointment is however accompanied with a strong motivation explaining why the White candidate was appointed. • In an effort to adhere to the EEA, institutions invest in succession planning whereby internal candidates are identified and develop to fulfil managerial positions. 	
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	<ul style="list-style-type: none"> • The implementation of the EEA in the WC is slow. • Low totals of Africans in managerial positions in the WC are ascribed to the demographic profile of the province. • High totals of Africans in the public sector in Gauteng are ascribed to the demographic profile of the province. • Institutions in WC and Gauteng struggle to find suitable previous disadvantaged candidates. • African candidates are scarce in the WC but there are more Coloureds. • Person of Colour seem to have qualifications but lack experience. • Not easy to find and develop candidates of previous disadvantaged groups; the process requires managerial support meaning that management be actively involved in it. 	
Additional inferences pertaining to the qualitative findings		
<ul style="list-style-type: none"> • The interview guide might have reached certain candidates prior the interview reflecting efforts to advantage certain candidates • At times members of the selection panel are appointed within minutes before an interview implicating the credibility of the process • A chairperson manhandled a panel member to provide an incorrect mark for a correct answer • Previous disadvantaged candidates with qualifications and experience in the WC related not being successful while the dominant groups relate not finding suitable candidates. • Participants who commenced their careers at smaller rural hospitals seem to be more successful. • A variety of postgraduate qualifications seem to benefit nurses employed in the public sector. • Tribalism seems to exist with the appointment and promotion of candidates in the hospital environment and national nursing organisations. • Visibly poverty stricken candidates applying for lower job categories such as cleaners are successful as members of the interview panel observe a need to put bread on the table • Lengthy in-depth interview for pre-identified candidate while other candidates had superficial interviews 		

ANNEXURE J: SU ETHICAL APPROVAL



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Approved with Stipulations Response to Modifications- (New Application)

01-Jul-2015

Van Der Heever, Mariana MM

Ethics Reference #: S15/05/122

Title: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals.

Dear Mrs. Mariana Van Der Heever,

The Response to Modifications - (New Application) received on 11-Jun-2015, was reviewed by members of Health Research Ethics Committee 1 via Expedited review procedures on 01-Jul-2015.

Please note the following information about your approved research protocol:

Protocol Approval Period: 01-Jul-2015 -01-Jul-2016

The Stipulations of your ethics approval are as follows:

The supervisor and HOD must sign the application form.

Please remember to use your protocol number (S15/05/122) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance
Number: 00001372
Institutional Review Board
(IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004. ()

Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health () and (). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at 0219399657.

Included Documents:

CV A van der Merwe

Checklist: PhD
evaluation
committee

Declaration M van
der Heever Report:
PhD evaluation
committee Checklist

MOD_Cover
letter_Response to
modifications Protocol

MOD_Application
form MOD_Consent
form (Questionnaire)
Invitation: Leadership
group MOD_Protocol

MOD_Consent form (Interviews)

Participant information leaflet & consent form

CV M van der Heever

Protocol Synopsis

Invitation: Key role-players

Application form

Consent for recording of interview

Application formsignature page



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY
jou kennisvennoot • your knowledge partner

Approved with Stipulations
Response to Modifications- (New Application)

01-Jul-2015

Van Der Heever, Mariana MM

Ethics Reference #: S15/05/122

Title: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals.

Dear Mrs. Mariana Van Der Heever,

The Response to Modifications - (New Application) received on 11-Jun-2015, was reviewed by members of Health Research Ethics Committee 1 via Expedited review procedures on 01-Jul-2015.

Please note the following information about your approved research protocol:

Protocol Approval Period: 01-Jul-2015 -01-Jul-2016

The Stipulations of your ethics approval are as follows:

The supervisor and HOD must sign the application form.

Please remember to use your protocol number (S15/05/122) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance
Number: 00001372
Institutional Review Board
(IRB) Number: IRB0005239

ANNEXURE K: ETHICS LETTER



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Jou kennisverreë • your knowledge partner

Ethics Letter

15-Dec-2015

Ethics Reference #: 515/05/122

Title: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals.

Dear Mrs. Mariana Van Der Heever,

Your letter dated 28 July 2015 refers.

We acknowledge your response to stipulations and confirm that it is in order.

If you have any queries or need further help, please contact the REC Office 0219389657.

Sincerely,

REC Coordinator
Franklin Weber
Health Research Ethics Committee 1

ANNEXURE L: EXTENSION OF ETHICAL APPROVAL



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jou kennisvennoot • your knowledge partner

Ethics Letter

13-Jul-2016

Ethics Reference #: S15/05/122

Title: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals.

Dear Mrs. Mariana Van Der Heever,

The Health Research Ethics Committee (HREC) approved the following progress report by expedited review process:

Progress Report dated: 6 June 2016

The approval of this project is extended for a further year

Approval date: 13 July 2016

Expiry date: 12 July 2017

If you have any queries or need further help, please contact the REC Office .

Sincerely,

REC Coordinator
Ashleen Fortuin
Health Research Ethics Committee 2

ANNEXURE M: APPROVAL – NATIONAL HEALTH RESEARCH DATABASE**STRATEGY & HEALTH SUPPORT**

Health.Research@westerncape.gov.za tel: +27 21 483 6857: fax: +27 21 483 9895 5th Floor, Norton Rose House,, 8 Riebeeck Street, Cape Town, 8001

REFERENCE: [REDACTED]

ENQUIRIES: [REDACTED]

www.capegateway.gov.za)

For attention: Mrs Mariana Van der Heever, Prof Anita Van der Merwe

Re: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals.

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.

Please contact the following people to assist you with any further enquiries in accessing the following sites:

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.

Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (**annexure 9**) within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).

2. In the event where the research project goes beyond the *estimated completion* date which was submitted, researchers are expected to complete and submit a progress report (**Annexure 8**) to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).


3. The reference number above should be quoted in all future correspondence.

Yours sincerely

LT

H

ANNEXURE N: PUBLIC SECTOR HOSPITAL 1 – INSTITUTIONAL PERMISSION

		Public Sector Hospital 1 Academic Hospital	
REPUBLIC OF SOUTH AFRICA PROVINCE OF WESTERN CAPE DISTRICT OF CAPE TOWN CAPE TOWN		1	
<hr/>			
To : Mrs. Marlana Van Der Horst : Department of Nursing : University of Stellenbosch : Cape Town, South Africa : 7600			
Date : 26 February 2016			
PERMISSION TO CONDUCT RESEARCH			
The Academic Hospital hereby grants you permission to conduct research on "A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals."			
The hospital is aware that you have already obtained Clearance from the University of Stellenbosch			
We note that you have already obtained ethical Clearance from the Human Research Ethics Committee.			
This permission is granted subject to the following conditions:			
<input checked="" type="checkbox"/>	That the Hospital incurs no cost in the course of your research.		
<input checked="" type="checkbox"/>	That access to the staff and patients at the Academic Hospital will not interrupt the daily provision of services.		
<input checked="" type="checkbox"/>	That prior to conducting the research you will liaise with the supervisors of the relevant sections to introduce yourself (with this letter) and to make arrangements with them in a manner that is convenient to the sections.		
Yours sincerely			
_____ D DIRECTOR CLINICAL SERVICES			

ANNEXURE O: PUBLIC SECTOR HOSPITAL 2 – INSTITUTIONAL PERMISSION**Hospital****REFERENCE:** Research Projects**ENQUIRIES:****TELEPHONE:** **ETHICS NO:** S15/05/122

A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals.

Dear Mrs Mariana Van Der Heever

PERMISSION TO CONDUCT YOUR RESEARCH AT**HOSPITAL**

In accordance with the Provincial Research Policy and Hospital Notice No 40/2009, permission is hereby granted for you to conduct the above-mentioned research here at Tygerberg Hospital.

CHIEF EXECUTIVE OFFICER

Date: 22 July 2015

ANNEXURE P: COMPANY 1 – INSTITUTIONAL PERMISSION**RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF
RESEARCH**

Approval number: UNI V-2015-0052

Ms M van der Heever E mail:
mmvdheever@sun.ac.za

Dear Ms Van der Heever

**RE: A FRAMEWORK TO FACILITATE THE APPOINTMENT OF WOMEN NURSES OF COLOUR INTO
LEADERSHIP POSITIONS IN HOSPITALS**


The above-mentioned research was reviewed by the Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at Private Hospital, has been approved, subject to the following:

- i) Research may now commence with this FINAL APPROVAL from the Committee.
- i>) All information regarding the Company will be treated as legally privileged and confidential.
- iii) The Company's name will not be mentioned without written consent from the Committee.
- iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.
- v) The Company must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.
- vi) A copy of the research report will be provided to the Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date..
- vii) The Company has the right to implement any recommendations from the research. The Company reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects/ Company or should the researcher not comply with the conditions of approval,
- viii) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.


We wish you success in your research.

Yours faithfully




Full member; Research

valuating research

 applications as per Management and Governance Policy

Chairperson; Research Operations Committee Date:



This letter has been anonymised to ensure confidentiality in the research report. The original letter is available with author of research

ANNEXURE Q: COMPANY 2 – INSTITUTIONAL PERMISSION

29 September 2015

ATTENTION: M van den Heever**SUBJECT: APPLICATION TO CONDUCT RESEARCH****TITLE: A framework to facilitate the appointment of women nurses of colour into leadership positions in hospitals.**

Our previous correspondence refers.

The Research and Scientific Committee hereby conditionally approves your request.
 Approval number: 20150928-02. Valid until 2016/09/30.

The approval is conditional to your agreement on the following provisos:

1. You must request permission (in writing) from the Hospital Manager and Nursing Manager of the facility in which you intend conducting your research, accompanied by this letter.
2. [redacted] will not be liable for any costs incurred during or related to this study.
3. Should patient or institutional confidentiality be compromised, [redacted] has the right to withdraw the permission and take legal action.
4. The researcher will provide [redacted] Research and Scientific Committee with an update on the progress of the study every four months.
5. An electronic copy of the final research report is submitted to the [redacted] and Scientific Committee *prior* to publication.
6. No direct reference is made to [redacted] or its various facilities in the research report or any publications thereafter.
7. The Company and its facilities are not in any way identifiable in the study.
8. On completion of the degree, an electronic (pdf) copy of the research report will be provided to [redacted]. This copy will be uploaded to the institutional repository.
9. Kindly clear copy-right issues with your supervisor and/or Higher Education Institution prior to accepting these terms and conditions.

Please sign this letter as indicated below and return to the sender within 5 working days:

I, W van den Heever, hereby agree to the provisos (points 1-9) as listed above.

Signature: _____

Date: _____

We wish you the best in your studies and look forward to the final results.

Yours sincerely

on behalf of the Research and Scientific Committee.

ANNEXURE R: COMPANY 3 – INSTITUTIONAL PERMISSION

Dear Ms van der Heever,

Following our previous correspondence and your submission of the required documents, the company has approved your research project subject to the conditions set out below:

1. The company will be provided with a complete copy of the final research project/thesis once it has been submitted and graded.
2. Any interviews or surveys will be done only at the designated hospitals and you must contact the HR Manager directly to discuss your visit to the respective facilities.
3. The research process may not interrupt the daily operations of the hospitals and should preferably take place during off-peak times.
4. The HR Manager may limit the amount of staff that is allowed to participate in the research project subject to operational requirements.

Approved facilities are [REDACTED] (maximum of 87 Professional Nurses) and [REDACTED] (Maximum of 29 Professional Nurses). Please contact the HR Manager, [REDACTED] respectively for further arrangements.

Kind regards

[REDACTED]

Manager | Employee Relations

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

